

546
CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

E. LESLIE M. MILLAR, C.B.E., M.D., M.Sc., D.P.H.
Medical Officer of Health and Principal School Medical Officer

MAURICE E. LEMIN, M.B., Ch.B. (To 6/5/69)

NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H. (From 7/5/69)
Senior Administrative Medical Officer for Personal and Child Health Services

FOR THE YEAR ENDED 31st DECEMBER, 1969

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FOR THE YEAR ENDED 31st DECEMBER, 1969

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SECTION I — GENERAL

SPECIAL SERVICES SUB-COMMITTEE

ALDERMAN S. E. DAWES, J.P.
(*Chairman of the Education Committee*)

ALDERMAN MRS. W. O. EASEY, J.P.
(*Chairman*)

COUNCILLOR MISS M. E. BARTLETT
COUNCILLOR R. J. H. BLACKWELL
COUNCILLOR MRS. V. M. CHARLESWORTH
COUNCILLOR MRS. F. M. LONGDEN-PARKER
COUNCILLOR K. G. HARDEMAN
COUNCILLOR MRS. M. J. LOCKE
COUNCILLOR A. V. PAGE

MR. K. B. BARTON
MR. P. J. DAVIES
MRS. J. M. LEWIS
MR. L. C. LOVESEY
PROFESSOR E. A. PEEL
MRS. E. R. POWELL
MRS. A. SHIMELL
MRS. F. M. SMALLWOOD, O.B.E.

Chief Education Officer: K. BROOKSBANK, D.S.C., M.A., M.Ed.

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

E. LESLIE M. MILLAR, C.B.E., M.D., M.Sc., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

WILLIAM NICOL, M.B., Ch.B., D.P.H.

SENIOR ADMINISTRATIVE MEDICAL OFFICER FOR PERSONAL AND CHILD HEALTH SERVICES

MAURICE E. LEMIN, M.B., Ch.B. (Retired 6/5/69)
NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H. (From 7/5/69)

DEPUTY SENIOR ADMINISTRATIVE MEDICAL OFFICER FOR PERSONAL AND CHILD HEALTH SERVICES

NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H. (To 6/5/69)
MARY F. KEEFE, M.B., Ch.B. (From 16/6/69)

SENIOR MEDICAL OFFICERS

JOYCE B. MOLE, M.B., Ch.B., D.C.H.
JOAN I. BUCHANAN, M.B., Ch.B.

MEDICAL OFFICERS

ELSE A. d'AMIAN, M.D. (Heidel), L.R.C.P., L.R.C.S.
*BERYL W. MARSON, M.B., Ch.B., D.C.H.
PATRICIA E. V. MCFARLAND, M.B., Ch.B., L.M., D.P.H.
MARY S. MARTIN, M.B., Ch.B.
CHRISTINA GLYNN, M.R.C.S., L.R.C.P. (To 11/12/69)
SUSAN O'CONNELL, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
*DAVID WILLIAMS, M.B., B.Ch., B.A.O., D.A.
ELSIE MAY, M.B., B.S., D.C.H.
RUBY BIRD, M.B., B.S. (Madras)
DIANA BOARDMAN, M.R.C.S., L.R.C.P.
NORAH T. DONALDSON, L.R.C.P., & SI., L.M.
BARBARA BUNCH, M.B., Ch.B.
CECILIA ZACHARIAS, B.Sc. (Lucknow), M.B., B.S. (Madras), D.C.H., D.Obst., R.C.O.G.
MUSHEER A. KHAN, M.B., B.S. (Punjab)
PATRICIA M. O'DALY, L.R.C.P. & L.M., L.R.C.S.I. & L.M.
JANE E. P. EVANS, M.B., Ch.B. (From 18/8/69)

**Part time*

DENTAL SERVICE

CHIEF DENTAL OFFICER

F. J. HASTILOW, L.D.S.

PRINCIPAL SCHOOL DENTAL OFFICER

HARRY A. COHEN, L.D.S. (Retired 31/5/69).

SENIOR DENTAL OFFICERS

WILLIAM A. BARTON, L.D.S., R.C.S.

DAVID A. BAKER, L.D.S.

PATRICIA M. GOODBURN, B.D.S., L.D.S., R.C.S.

GERALD GOLDMAN, L.D.S., R.F.P.S.

PETER GORE, B.D.S.

PHILIP G. HERROD, L.D.S., R.C.S.

DAVID N. MORTIMER, L.D.S.

NEVILLE A. ROBERTS, B.D.S., L.D.S.

COLIN TEALL, L.D.S.

JUDITH M. WILKINSON, B.D.S., L.D.S., R.C.S.

PHILIP A. WITHERS, L.D.S.

MARIA LEHEPUU, B.D.S.

DENTAL OFFICERS

ALAN KILGOUR GREEN, L.D.S., R.C.S.

WALTER MUNTZ, D.M.D. (Berlin)

HENRY H. ABRAMS, B.D.S.

JOHN F. ALLIN, L.D.S., R.C.S.

MANNOHUN BAGUANT, L.D.S., R.C.S.

GILLIAN M. BOWDEN, L.D.S., R.C.S.

RASMA J. BREIKS, D.D.D.

JOHN C. CROSSLEY, L.D.S., R.F.P.S. (Glasgow)

ERIC A. WALPOLE-DAY, L.D.S., R.C.S.

GEORGE K. DRAYCOTT, L.D.S., R.C.S., B.D.S.

JOHN H. FLEMING, L.D.S.

RAYMOND J. FOWLER, L.D.S., B.Ch.D.,

F.D.S., R.C.S.

EDITH KETTLE, L.D.S.

EDWARD LINE, L.D.S., B.D.S.

WILLIAM LUDFORD, B.D.S.

JAMES C. MURRAY, B.D.S., L.D.S., R.C.S.

WILLIAM N. NOBLE, L.D.S., R.C.S.

BRIAN M. A. O'DOLAN, L.D.S., R.C.S.

FREDA M. PODESTA, B.D.S.

TERENCE A. PODESTA, B.D.S.

JESSIE L. ROWBOTTOM, L.D.S.

MICHAEL R. L. THORNTON, B.D.S., L.D.S.

MICHAEL F. RUDGE, L.D.S., R.C.S.

BRIAN E. TEALL, L.D.S.

GWENDOLINE E. TEALL, L.D.S.

MARY V. WALTHAM, L.D.S.

MARTIN WILLS, B.D.S.

JOHN P. WILLS, B.D.S.

DEENAGH M. YOUNG, B.Ch.D., L.D.S.

ORTHODONTIC SECTION

NORMAN NORRIS, B.D.S.

VERA K. STANLEY, L.D.S.

EDGAR BREAKSPEAR, L.D.S., R.C.S., D.Orth., R.C.S.

ANAESTHETISTS

DOROTHY TAYLOR SHEWRING, M.B., Ch.B.

MARY M. TUDOR, M.B., Ch.B., B.A.O.

EDITH M. STOCKWIN, M.B., Ch.B., D.P.H.

NORMAN B. CRISP, M.B., Ch.B.

JOHN A. K. MELDRUM, M.B., B.Ch., B.A.O.

FREDERICK D. GRIFFITHS, M.B., Ch.B., M.R.C.S.,
L.R.C.P.

REGINALD M. HOWSON, M.R.C.S., L.R.C.P.

EPHRAIM McFALL, M.B., B.Ch., B.A.O.

DENTAL AUXILIARIES

NORAH WAKNELL

MAUREEN BELL

RUTH CHELMICK

CHRISTINE FREER

COLLETTE KEEGAN

JANET MUTIMER

GILLIAN THOMPSON

MARY ALLINSON

RENATE PENKETT

SENIOR DENTAL HYGIENIST

JEAN MCKINNON

DENTAL HYGIENIST

PATRICIA J. DOVEY

HEAD DENTAL TECHNICIAN

GRAHAM B. PRITCHARD

DENTAL TECHNICIAN

TERENCE J. HODGKINS

CHILD GUIDANCE SERVICE

Senior Educational Psychologist

W. J. BANNON, M.A., M.Ed.

Consultant Psychiatrists

†*JAMES A. CRAWFORD, L.R.C.P. and S., L.R.F.P. and S., D.P.M.

†*JOHN E. VARLEY, M.A., B.M., B.Ch., M.R.C.P., D.P.M.

†*PHILIP A. BARKER, M.B., B.S., M.R.C.P., M.R.C.S., D.P.M., D.C.H.

Educational Psychologists

ENID M. JOHN, M.Sc.

EDNA D. HOWARD, B.A.

JOHANNA E. REINER, Ph.D. (Vienna)

TESSA M. COOKNELL, B.A. (To Sept. 69)

ANN E. KIDD, B.Sc.

*CORRINE V. BENNETT, B.A.

J. F. WALLIS

A. SUTTON

P. J. CONGDON (From Aug. 69)

Senior Social Workers

DOREEN HOSKING

*BARBARA JACOBY, B.A.

HELEN M. BARTLETT, B.A. (To Aug. 69)

SUSAN BRAYSHAW, B.Sc.

Social Workers

JOYCE CUMMINS

*RONALD A. WILLS

JEAN EDMUNDSON

Remedial Teachers

MRS. A. McCULLOCH, B.A.

MR. B. DEBNEY

MR. H. C. YOXALL

MRS. M. L. McCULLOCH (To 31/8/69)

MR. D. FUDGE

MR. D. M. WHITE

MISS J. REEVE

MR. J. W. CLARKE (From 1/9/69)

MRS. K. J. RAWSTHORNE (From 15/4/69)

MRS. M. F. BLYTHIE

MISS L. R. BRIARS

MR. K. S. BIRKS

MR. P. J. SPENCER

MR. J. A. RICE

MR. P. G. WATTS

MR. R. MORGAN

MISS M. DUFFIN

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section

HERBERT W. ARCHER HALL, M.R.C.S., L.R.C.P., D.O.

MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S.

(Also visiting Ophthalmic Surgeon to the Schools for the Partially Sighted)

JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.

BENJAMIN C. CURWOOD, O.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.

STUART W. K. NORRIS, B.Comm., M.R.C.S., L.R.C.P., D.O.

REGINALD C. WILLIAMS, M.B., Ch.B.

MUNAWAR HUSSAIN, M.B., B.S., D.O.

Orthopaedic Section

HARRY PIGGOTT, F.R.C.S.

Visiting Orthopaedic Surgeons to the Schools for the Physically Handicapped

RODNEY S. SNEATH, F.R.C.S.

JOHN R. PEARSON, F.R.C.S.

CECIL P. COTTERILL, F.R.C.S.

Ear, Nose and Throat Section

NORMAN L. CRABTREE, F.R.C.S., D.L.O.

(Also visiting Aural Surgeon to the Schools for the Deaf)

HAZELEY ANDERSON, B.A., M.R.C.S., L.R.C.P., D.L.O.

H. J. S. WALDECK, Ch.M., M.B., F.R.C.S., Eng. & Ed., M.R.C.P.

N. C. BLAND, F.R.C.S., D.C.H., D.L.O.

Asthma Section

†J. MORRISON SMITH, M.D., F.R.C.P.E., D.P.H., D.T.M., & H., T.D.D.

Visiting Physician to Baskerville School

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

PHYSIOTHERAPISTS

MADELINE M. WILLIAMS, M.C.S.P., S.O.N.A.

NORA M. LUCAS, M.C.S.P.

GERALDINE D. GIBBONS, M.C.S.P.

MARGARET I. BAILEY, M.C.S.P.

DOROTHY M. HAZLEWOOD, M.C.S.P.

SUSAN M. RICHARDSON, M.C.S.P.

*ELIZABETH H. HARRISON, M.C.S.P.

*JANE M. ROBERTS, M.C.S.P.

*ELIZABETH M. BUBB, M.C.S.P.

*NANCY G. COOPER, M.C.S.P.

*NINA D. BUNCH, M.C.S.P.

*ROSEMARY A. NEWSHOLME, M.C.S.P.

*PATRICIA M. EVANS, M.C.S.P.

*EVELYN M. VICKERSTAFF, M.C.S.P.

*MILDRED NOBLE, M.C.S.P.

*CELIA M. BALL, M.C.S.P.

*PAMELA J. LOUDEN, M.C.S.P.

*JOY A. TUNNEY, M.C.S.P.

*JUNE GLOVER, M.C.S.P. (From 24/2/69)

*SANDRA HORNE, M.C.S.P. (From 27/8/69)

REMEDIAL GYMNASTS

WILLIAM COLLINS, S.R.R.G.

VALERIE JONES, M.S.R.G.

CHIROPODISTS

*HAROLD WILDBORE, M.Ch.S.

*SYLVIA R. BROWNE, M.Ch.S.

*RITA E. LAKE, M.Ch.S.

*FREDERICK J. HARRIS, M.Ch.S.

CHIEF SPEECH THERAPIST

EILEEN S. SPRAYSON, L.C.S.T. (From 1/9/69)

SENIOR SPEECH THERAPIST

ELIZABETH SIMONS, L.C.S.T. (From 3/11/69)

SPEECH THERAPISTS

JANET A. DAVIES, L.C.S.T. (To 17/8/69)

*ZELDA B. STATMAN, L.C.S.T. (To 20/4/69)

*MILLCENT BIRD, L.C.S.T.

BARBARA A. BORRISOW, L.C.S.T.

*GWENYTH ERREY, L.C.S.T.

SUSAN C. G. BOULTON, L.C.S.T. (From 22/9/69)

JUDITH C. BISBY, L.C.S.T. (From 17/3/69)

SUPERINTENDENT SCHOOL NURSE

A. WINIFRED WHITEHEAD, S.R.N., S.C.M., H.V.Cert. (Retired 24/8/69)

ACTING SUPERINTENDENT SCHOOL NURSE (From 25/8/69)

VERA M. LUTWYCHE, S.R.N., S.C.M., D.N., H.V. Cert.

DEPUTY SUPERINTENDENT SCHOOL NURSE

VERA M. LUTWYCHE, S.R.N., S.C.M., D.N., H.V. Cert. (To 24/8/69)

SCHOOL NURSING STAFF

School Nurses	..	..	..	..	..	..	64
Nurses in Nursery Schools	..	..	..	..	..	..	2
Nursing Assistants	..	..	..	..	..	..	23

OTHER STAFF

Matron at Martineau House	..	..	..	..	..	..	1
Matron at Wake Green Hostel	..	..	..	..	..	..	1
Nurses in Special Schools:-							
Residential	..	..	..	..	..	..	4
Day	..	..	..	..	..	..	7
State Enrolled Nurses in Special Schools:-							
Residential	..	..	..	..	..	..	2
Day	..	..	..	..	..	..	—
Dental Surgery Assistants	..	..	..	..	..	..	32 *14

*Part-time Officers

†Appointed by Regional Hospital Board.

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	..	..	..	..	..	..	1,086,400
Area	..	..	..	..	..	..	51,598 acres
Density of Population	..	..	..	..	..	..	21.05 persons per acre
Rateable Value (at 1.4.69)	..	..	..	..	..	..	£53,358,024
Penny Rate produces	..	..	..	..	..	..	£212,000

Number of Schools:-

Nursery	..	..	..	..	..	..	26
Primary	..	..	..	..	..	..	327
Secondary (Non-selective)	..	..	..	..	..	..	79
Grammar and Technical	..	..	..	..	..	..	36
Bi-lateral and Comprehensive	..	..	..	..	..	..	19
Special	..	..	..	..	..	..	35
Camp	..	..	..	..	..	..	3
							525
Total							..

Number on rolls at end of year:-

Primary and Secondary Schools (including Nursery Schools)	180,242
Special Schools	2,908

To the Chairman and Members of the Education Committee

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended December 1969.

The year under review has brought change in leadership. The retirement of Dr. Maurice E. Lemin in May at the end of 18 years of devoted and dedicated service and in that same month, the retirement of Mr. H. A. Cohen the Principal School Dental Officer, who had served in the Birmingham School Dental Service for no less than 39 years. This is a coincidence that has left the service poorer by the loss of two very experienced and able men.

Dr. Lemin, was an indefatigable worker in the interests of the health of the children of the City, both in clinical medicine and as an administrator. He carried the burden of office as Deputy and later as Senior Administrative Medical Officer during the transitional period of change to a personal and child health service.

Dr. Natalie Johnston succeeded Dr. Lemin as Senior Administrative Medical Officer and Mr. F. J. Hastilow became Chief Dental Officer on the retirement of Mr. Cohen.

Dr. Christine Glynn retired in December having made a valuable contribution of 11 years in the School Health Service. Dr. Jane Evans was appointed in August.

There is no doubt that the School Health Service is working under stress, not only because of the shortage of medical officers, and this is a national problem, but also because of increasing pressures. It is, perhaps, not surprising that because of new and unfamiliar surroundings, different cultures, environment, and climate, immigrant children need rather more help from the medical services than their indigenous companions.

Mr. Hastilow, Chief Dental Officer, draws attention to developments in the Dental Service and mentions the careers structure which it is hoped will not only encourage recruitment of dental officers but, at the same time, provide opportunities for dental surgeons with special skills and experience to use them to the benefit of the children.

There is an interesting report from Dr. Morrison Smith upon research and development into the cause and treatment of asthma. The Asthma Clinic at Canterbury House began in 1953. Its work continues quietly and efficiently but a measure of its growth through the years can be seen when it is pointed out that just over 1,000 consultations were held in 1954—the first full year, whereas in 1969 the number had increased to almost 6,000.

An interesting development of research co-operation which has not yet reached the stage where it can be included in the report is at present being conducted by physiotherapists at the Victoria School for the physically handicapped in close co-operation with the Royal Orthopaedic Hospital. I hope to report however in future. The matter of splinting of handicapped children is important and if the project results in closer co-operation between the specialists at the hospital and the physiotherapists at the school it will be well worthwhile.

I am indebted to Mr. Neale, the City Statistician and his staff for the analysis of the "Body Measurements of Children" which appears in this report. If it is possible to draw any significant conclusion from the results of the project, it is that surprisingly there is no real evidence of much variation in the body measurements of children of similar ages in the three types of neighbourhood groups. One hopes that this report will stimulate similar investigations in other areas.

It is disheartening to report a dwindling medical staff through loss of very experienced doctors who have not been fully replaced. The uncertain future is an understandable reason for young doctors not readily embarking upon a clinical career, in local authority work. Their unique contribution and potential must become more widely recognised and used.

Once again it is my pleasant duty to record thanks to all those who have directly, or indirectly, contributed to the work of the School Health Service.

I gratefully acknowledge the interest and support of the Chairman and Members of Committee, and of the Chief Education Officer, and members of the staff of the Education Department. The teachers particularly have given spontaneous help and co-operation in the interests of the children to further the work of the School Health Service.

A tribute is due to all the members of the School Health Service staff for their hard work during the year.

E. L. M. MILLAR.

STAFF

Dr. Lemin who had undertaken responsibility for the School Health Service since Dr. Cohen's retirement in 1965, retired on the 6th May. His place as Senior Administrative Medical Officer for Personal and Child Health Services has been taken by Dr. Natalie Johnston, and in June, Dr. Mary Keefe took up her post as Deputy Senior Administrative Medical Officer.

During the year only one of the medical officers in department left the service and this was Dr. Christine Glynn who retired in December after 11 years service. It is pleasant to report one new appointment, Dr. Jane Evans, who took up her post in August.

Mr. Harry Cohen retired as Principal Dental Officer and Mr. J. Hastilow is now Chief Dental Officer for the City's dental services.

It is reported with very sincere regret that Mr. Lothar Marx, one of the medical ophthalmologists died in September. He served the children of Birmingham with great sympathy and understanding for many years.

The physiotherapy service has benefited by the appointment of two part-time ladies—Mrs. Glover, was appointed from February and Mrs. Horne from August. Unfortunately, this is not a strengthening of the service because so many others left in the year 1968.

Miss Eileen Sprayson, now promoted to the post of Chief Speech Therapist has had the help of Mrs. Simons from the 3rd November, appointed as a senior speech therapist and two other appointments—Mrs. Bolton and Miss Bisby—have brought some relief to the desperately understaffed Speech Therapy Service in this city.

SECTION 2 — MEDICAL AND DENTAL INSPECTION AND TREATMENT

MEDICAL INSPECTION

The following arrangements are made for the medical inspection of pupils:

- (a) As soon as possible after entry into the Infants' School
- (b) In the early part of the last year in the Primary School
- (c) In Secondary Schools, in the early part of the child's 15th year; or in the early part of the 16th year and within a year of leaving, in Grammar Schools.

The main statistics on medical inspection will be found on pages 45 to 48, and the findings are given in accordance with the requirements of the Department of Education and Science.

Percentage of parents attending with children in the various age groups:

<i>Year of birth</i>									<i>Boys Percentage</i>	<i>Girls Percentage</i>
1965 and later	..	..	..	..	..	..	..	..	95.0	95.2
1964	..	..	..	..	..	..	..	..	98.0	96.1
1963	..	..	..	..	..	..	..	..	95.5	95.9
1962	..	..	..	..	..	..	..	..	91.7	91.8
1961	..	..	..	..	..	..	..	..	70.9	67.4
1960	..	..	..	..	..	..	..	..	72.0	68.5
1959	..	..	..	..	..	..	..	..	79.4	71.8
1958	..	..	..	..	..	..	..	..	63.5	84.3
1957	..	..	..	..	..	..	..	..	69.7	79.6
1956	..	..	..	..	..	..	..	..	28.8	46.9
1955	..	..	..	..	..	..	..	..	35.9	45.7
1954 and earlier	..	..	..	..	..	..	..	..	27.9	41.7
AVERAGE									69.0	73.7

Classification under the heading Physical Condition on the School Medical Record.

The finding for the heading "Physical Condition" consists of a summing up of the medical officer's opinion on the child's physical fitness. Only two categories are considered necessary, i.e. "Satisfactory" and "Unsatisfactory". The reason for having two categories only is a practical one—it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances, so that he can be helped as far as possible.

The relevant findings for the year under review follow according to this classification:
PERIODIC MEDICAL INSPECTIONS

Age groups inspected (By year of birth)	Number of pupils inspected	Physical condition of pupils inspected			
		SATISFACTORY		UNSATISFACTORY	
		Number	% of col. 2	Number	% of col 2
		(3)	(4)	(5)	(6)
1965 and later..	1,478	1,459	98.71	19	1.29
1964	8,050	7,961	98.89	89	1.11
1963	5,726	5,670	99.02	56	0.98
1962	2,292	2,280	99.48	12	0.52
1961	1,020	1,008	98.82	12	1.18
1960	498	489	98.19	9	1.81
1959	1,341	1,324	98.73	17	1.27
1958	2,588	2,578	99.61	10	0.39
1957	1,251	1,246	99.60	5	0.40
1956	348	343	98.56	5	1.44
1955	2,671	2,644	98.99	27	1.01
1954 and earlier	8,836	8,792	99.50	44	0.50

Yet it must be mentioned here that the grouping is arbitrary and the assessments by the medical officers are made on a personal basis. So whilst the grouping should not be regarded as a strictly comparative measure, for example, the medical officer's standard being influenced to some extent by that of the locality or particular school, it is reasonable to assume that the general impression of the doctor, following the careful clinical examination, gives a reasonable indication of the child's physical condition.

MINOR AILMENTS AND INSPECTION CLINICS

A full account of the purpose and function of these clinics was given in the Report for 1959. It is of some importance to repeat, however, that the parents are highly appreciative of being able to consult the school medical officers over the widest aspects of the children's health. The consultation clinic is an essential supplement to the inspection at school.

In accordance with custom, the figures relating to certain diseases of the skin are given below:—

	1969	1968	1967	1966	1965
Scabies	4,015	1,342	686	746	483
Impetigo	699	378	438	603	380
Other	6,670	4,779	7,078	8,308	7,887
Ringworm of the scalp	113	25	62	16	12
Ringworm of the body	122	67	31	60	29

BODY MEASUREMENTS OF BIRMINGHAM SCHOOLCHILDREN

1968-69

Mr. A. B. Neale, Central Statistical Office, submits the following report:-

“The following paragraphs give a brief account of a sample survey of the body measurements of Birmingham schoolchildren carried out by the City’s School Health Service in 1968 and 1969.

Chest, waist and hip measurements were recorded at routine medical examinations held between September, 1968 and June, 1969, of pupils attending schools maintained by the City Education Authority. In conformity with earlier studies of height and weight (see, for example, the Report of the Principal School Medical Officer for 1967 (pages 17-35), where a description was given of the fourth in a series of such surveys), statistical analysis was confined to the information in respect of children who at the time of examination had reached the age of 6, 11 or 14 on their last birthday. Also in common with these earlier surveys, children were classified as attending schools situated in “Good”, “Fair” or “Poor” types of neighbourhood (designated by the letters A, B and C respectively). The schools were grouped into the three environment categories by the City Education Department’s school attendance officers.

After eliminating boys and girls whose age did not fall inside the requisite limits, whose measurements were incompletely recorded, or whose recorded measurements were suspect because of obvious inconsistencies, a total sample of 7,651 pupils remained for analysis, divided among the 18 sex-age-neighbourhood categories as shown in Table 1 below.

TABLE 1

PUPILS INCLUDED IN SURVEY BY SEX, AGE AND NEIGHBOURHOOD

Sex	Age on Last Birthday Before Examination	Neighbourhood Rating			All Neighbourhoods
		A	B	C	
Boys	6	162	1,146	91	1,399
	11	38	217	12	267
	14	203	1,733	217	2,153
	All Ages	403	3,096	320	3,819
Girls	6	173	1,094	63	1,330
	11	49	278	34	361
	14	243	1,844	54	2,141
	All Ages	465	3,216	151	3,832
ALL BOYS AND GIRLS		868	6,312	471	7,651

The exact age of each child at the time of examination was calculated for all these children. The mean ages of pupils in the various groups are shown in Table 2, and it must be appreciated that the average measurements given in succeeding tables relate strictly to children of these mean ages.

TABLE 2

MEAN AGE OF PUPILS INCLUDED IN SURVEY, BY SEX,
AGE PREVIOUS BIRTHDAY AND NEIGHBOURHOOD

Sex	Age on Last Birthday Before Examination	Neighbourhood Rating			All Neighbourhoods
		A	B	C	
Boys	6	6.37	6.46	6.50	6.46
	11	11.41	11.29	11.21	11.30
	14	14.64	14.65	14.61	14.64
Girls	6	6.39	6.46	6.43	6.45
	11	11.55	11.30	11.21	11.32
	14	14.61	14.63	14.65	14.63

Table 3 records the mean chest, waist and hip measurements for the three age groups of boys and girls from all types of neighbourhood combined. The mean statistics, of course, are in respect merely of the categories of children in the sample analysed, but the main objects of interest are the corresponding categories of the whole group of children represented by the sample—i.e., for all practical purposes, the children resident in Birmingham as a whole. A sample value may differ from the associated City figure because of sampling error. The possible extent of this error can be expressed in terms of the so-called “95% confidence range”, the range above and below the sample value within which there is a 95% probability of finding the City figure. Accordingly, each mean measurement in Table 3 is accompanied by such a range.

TABLE 3

MEAN CHEST, WAIST AND HIP MEASUREMENTS IN ALL
NEIGHBOURHOODS COMBINED, BY SEX AND AGE
(with 95% Confidence Ranges about Means)

Inches

Sex	Age on Last Birthday Before Examination	Chest		Waist		Hip	
		Mean	Confidence Range	Mean	Confidence Range	Mean	Confidence Range
Boys	6	23.14	± 0.08	21.06	± 0.10	24.12	± 0.10
	11	26.84	± 0.28	23.73	± 0.32	28.48	± 0.34
	14	31.01	± 0.12	26.86	± 0.12	33.31	± 0.12
Girls	6	22.60	± 0.08	20.75	± 0.10	24.11	± 0.10
	11	26.93	± 0.32	23.42	± 0.26	28.96	± 0.32
	14	33.25	± 0.12	25.82	± 0.12	34.78	± 0.14

Measurement comparisons between the three types of neighbourhood are made in Table 4. The confidence range accompanying each mean value for a given type here places limits between which the corresponding mean measurement for children from all neighbourhoods of that type in the City generally may be expected to fall.

TABLE 4

MEAN CHEST, WAIST AND HIP MEASUREMENTS,
BY SEX, AGE AND NEIGHBOURHOOD
(with 95% Confidence Ranges about Means)

Inches

Sex	Age on Last Birthday Before Examination	Part of Body	Neighbourhood Type					
			A		B		C	
			Mean	Range (\pm)	Mean	Range (\pm)	Mean	Range (\pm)
Boys	6	Chest	23.01	0.18	23.15	0.08	23.15	0.30
		Waist	20.64	0.26	21.11	0.10	21.07	0.32
		Hip	23.98	0.28	24.16	0.10	23.80	0.36
	11	Chest	26.57	0.60	26.82	0.32	28.12	1.08
		Waist	23.32	0.76	23.71	0.36	25.42	1.32
		Hip	28.50	0.70	28.43	0.40	29.29	1.10
	14	Chest	31.28	0.38	31.05	0.14	30.47	0.36
		Waist	27.17	0.40	26.88	0.14	26.44	0.38
		Hip	33.66	0.42	33.28	0.14	33.20	0.42
Girls	6	Chest	22.89	0.28	22.55	0.10	22.52	0.36
		Waist	20.86	0.26	20.72	0.10	20.94	0.42
		Hip	24.29	0.30	24.11	0.12	23.64	0.44
	11	Chest	27.17	0.94	26.87	0.36	27.12	0.72
		Waist	23.43	0.74	23.35	0.30	23.99	0.72
		Hip	29.65	1.00	28.81	0.36	29.16	0.82
	14	Chest	33.64	0.32	33.10	0.16	32.93	0.64
		Waist	25.83	0.30	25.83	0.12	25.29	0.70
		Hip	34.73	0.36	34.79	0.14	34.66	0.72

Figures 1-3 illustrate the material of Table 4 for the three groups by means of bar diagrams; the lengths of the "bars"—which are laid on their sides—represent mean measurements on the scales indicated. Each bar is shown as having three possible lengths: the one terminated by a solid line represents the relevant value for children in the sample, while the two lengths terminated by broken lines represent the limits outside which there is only a small likelihood (one chance or less in twenty) of finding the associated value for children in the City as a whole; the gap between either of the two broken lines and the solid one is equivalent to one of the two components of the appropriate 95% confidence range given in the table. Mean ages are indicated on the diagrams for the various groups.

Considering like measurements separately in the six age-sex groups, and taking account not only of possible differences between sample and City values but also of the different mean ages involved, a comparison of the lengths of the bars for the three types of school neighbourhood gives no indication of any consistent relationship between measurement and environment. There is a suggestion that among the 14 year-olds, children from the poorer districts tend to be less well-developed than those from the better ones; this is in accordance

with the findings from the survey of mean height and weight in 1967 referred to in the second paragraph of this account. However, such slight evidence as there is for this relationship among the older children finds no clear reflection in the variations between neighbourhoods among the younger children; indeed the measurements of the 11 year-old boys suggest a contrary relationship.

But the diagrams reveal one thing about which there can be no ambiguity: by the age of 14—it is no surprise to find—the girls have quite definitely a different shape from the boys.”

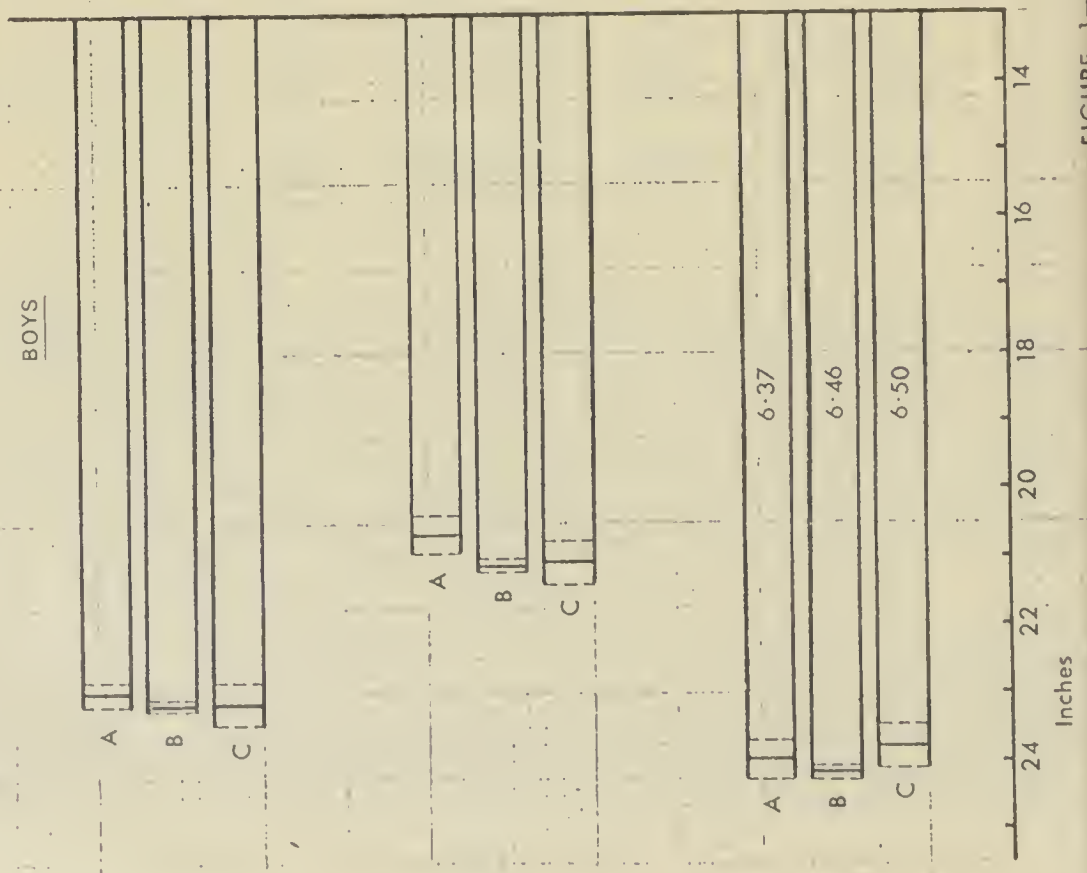
MEAN MEASUREMENTS OF BIRMINGHAM SCHOOLCHILDREN

Sample Values and Likely Limits of City Values

(at 95% Probability Level)

1968-9

BOYS



GIRLS

(Key as in Figure 3)

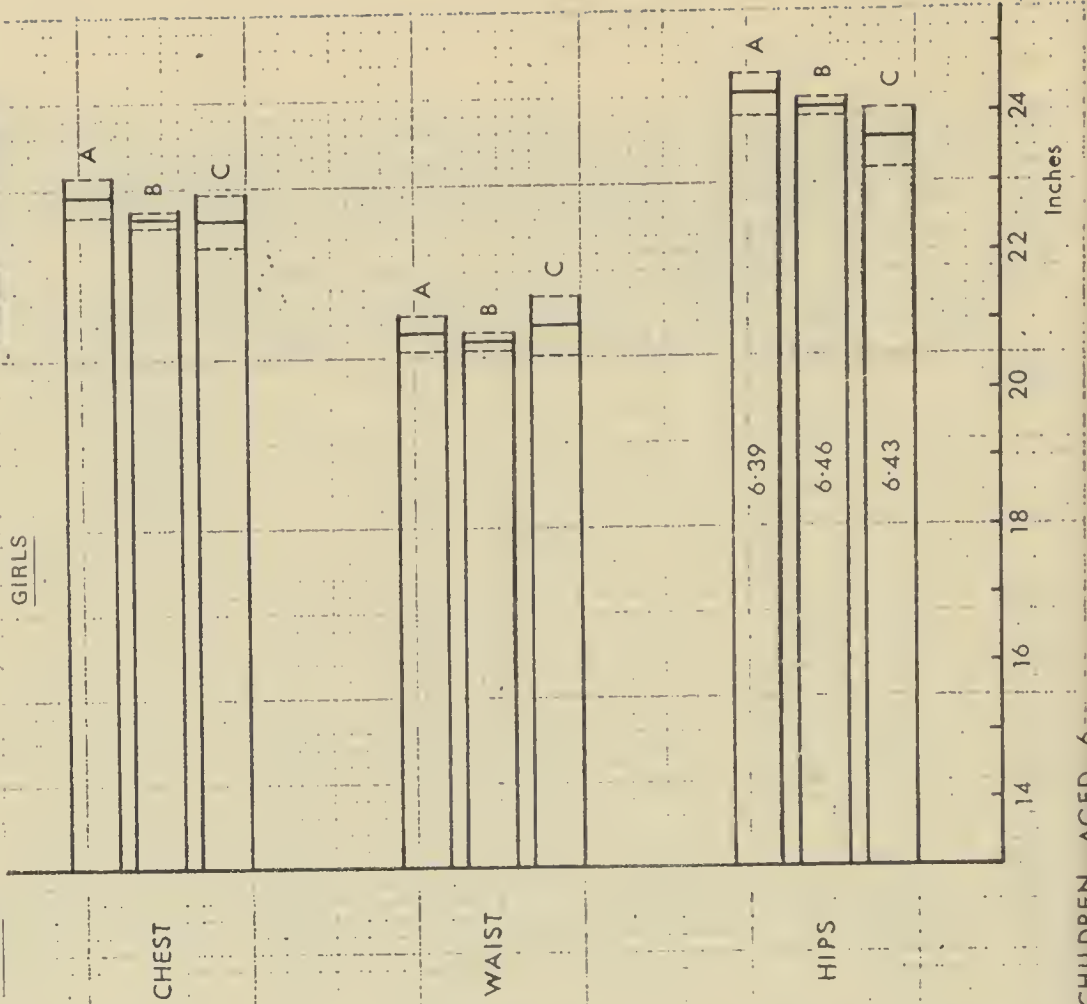


FIGURE 1—CHILDREN AGED 6

MEAN MEASUREMENTS OF BIRMINGHAM SCHOOLCHILDREN

Sample Values and Likely Limits of City Values

(at 95% Probability Level)

{ Key as in Figure 3 }

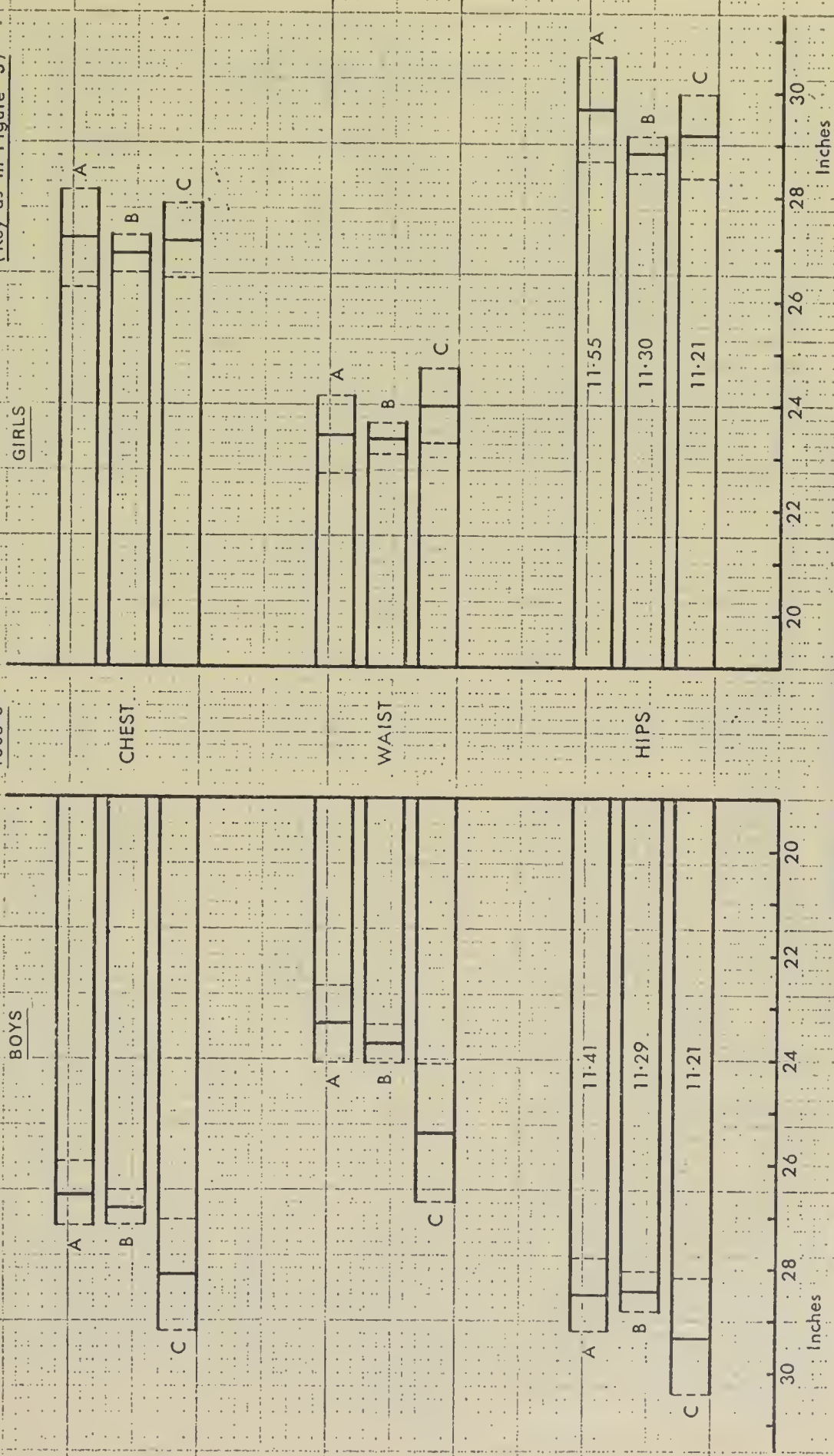


FIGURE 2—CHILDREN AGED-11

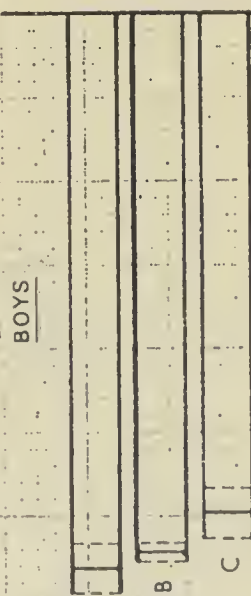
MEAN MEASUREMENTS OF BIRMINGHAM SCHOOLCHILDREN

Sample Values and Likely Limits of City Values

(at 95% Probability Level)

1968-9

BOYS

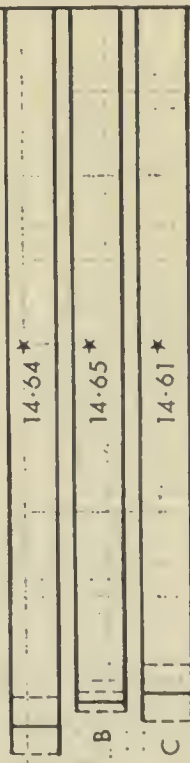


CHEST

NEIGHBOURHOODS

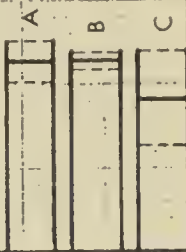
- A Good
- B Fair
- C Poor

★ Mean Ages



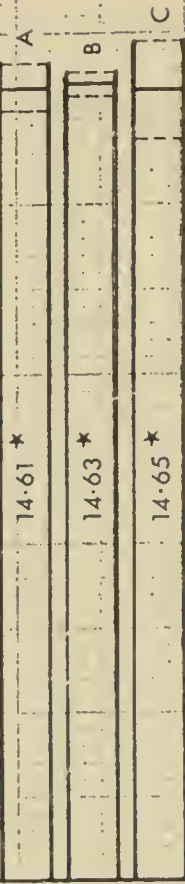
HIPS

GIRLS



WAIST

KEY
Sample Value
Likely Limits of City Value



24 26 28 30 32 34
Inches

34 32 30 28 26 24
Inches

FIGURE 3—CHILDREN AGED 14

IMMIGRANT CHILDREN

Medical Examinations:

During 1969 a special clinic was held at Canterbury House for the examination of immigrant children of school age.

The examination was undertaken before a child was admitted to school and included a complete physical check, examination of the faeces and a Heaf test for tuberculosis. Prophylaxis against polio, diphtheria and tetanus was started in unprotected children. The treatment of children with faecal parasites was undertaken by the Birmingham Children's Hospital as a matter of urgency. A number of children with more serious defects were subsequently examined and assessed as possibly requiring special educational facilities. In some instances there appeared to be a difference between the given age of a child and the apparent age on examination. In these cases an x-ray examination was carried out to assess bone age. X-ray facilities were provided by the kind co-operation of the Birmingham Children's Hospital.

A summary of defects found at examination is given below:

Total number examined	..	..	..	..	..	..	..	1,765
Defects found:								
Skin	..	..	..	..	..	..	..	3
Eyes: a) Vision	..	..	..	..	..	..	..	87
b) Squint	..	..	..	..	..	..	..	7
c) Other	..	..	..	..	..	..	..	6
Ears: a) Hearing	..	..	..	..	..	..	..	1
b) Otitis media	..	..	..	..	..	..	..	1
c) Other	..	..	..	..	..	..	..	—
Nose and Throat	..	..	..	..	..	..	..	42
Speech defects	..	..	..	..	..	..	..	2
Heart murmurs	..	..	..	..	..	..	..	9
Chest: a) Asthma	..	..	..	..	..	..	..	3
b) Bronchitis	..	..	..	..	..	..	..	8
Orthopaedic	..	..	..	..	..	..	..	24
Hernia	..	..	..	..	..	..	..	25 (23 umbilical)
Kidney disease	..	..	..	..	..	..	..	4
Endocrine glands	..	..	..	..	..	..	..	2
Obesity	..	..	..	..	..	..	..	7
Tuberculosis:								
Heaf tests: Number carried out	..	..	..	..	..	..	..	1,765
*Positive results Grade I	..	..	..	..	..	..	..	669
,, II	..	..	..	..	..	..	..	97
,, III	..	..	..	..	..	..	..	47
,, IV	..	..	..	..	..	..	..	27

Number of cases of Pulmonary Tuberculosis	..	..	..	..	3
Infestations	..	..	..	..	86
Scabies	..	..	..	..	14
Faecal Parasites	..	..	..	..	765

*Grade III and IV Positives are followed up at the Chest Clinic.

Grade I Positives are tested again by the Mantoux method.

ULTRA-VIOLET RAY TREATMENT

	<i>Number treated</i>	<i>Cured or much improved</i>	<i>Improved</i>	<i>No better</i>	<i>Ceased to attend before completion of course</i>
General debility	274	68	100	18	88
Ear, nose and throat conditions	382	80	90	20	192
Enuresis	30	6	8	8	8
Acne	86	26	40	6	14
Other skin conditions ..	42	11	14	3	14
Bronchitis and asthma ..	141	57	54	3	27
Instability	2	—	2	—	—
Depression	1	—	1	—	—
Hysteria	2	2	—	—	—
Adenitis	3	1	2	—	—
Anaemia	1	1	—	—	—
Backache	1	1	—	—	—
Colds	43	14	9	9	11
Alopecia	1	1	—	—	—
TOTAL	1,009	268	310	67	354

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Mrs. V. M. Lutwyche, Superintendent School Nurse, reports:—

“Best wishes are extended to my predecessor Mrs. A. W. Whitehead, who retired in August, after completing 22 years with the School Health Service.

The nursing strength remained below establishment throughout the year and demands on the service increased due to the work becoming more specialised, thus needing more organising and planning. Also more time is required to train new staff as there is a rapid changeover of personnel. For these reasons the successful supervision of the care needed in the promotion of the health of the school child is limited.

Follow-up and Home Visiting

Nurses follow-up visits to children in schools for all purposes, except verminous conditions, amounted to 4,078 during the year. Of this total there were 1,515 children found to have been satisfactorily dealt with, 1,923 kept under further observation, and 604 referred back to the school medical officers.

In some areas where the doctor's case load is not too heavy, this follow-up work is carried out by both doctor and nurse together, therefore, follow-up figures sent in by the nurses may vary from area to area, and from year to year. Where there is any shortage of school nursing or medical staff, follow-up work is usually the first casualty.

The home visiting which arises from follow-up work in schools and clinics tends to fluctuate accordingly. A considerable amount of time has been spent during 1969, visiting and obtaining information regarding the children selected to be included in the National Development Survey and the Swansea University Research and Development Survey.

There has been an increase in the number of evening and repeat visits made, partly due to more mothers being employed full-time, and having to visit the immigrant population when a member of their family is present who is able to interpret.

Personal contact still obtains the best results, in spite of all the various media used in this modern age.

The following table relates to visits paid in 1969.

<i>Reason for Home Visit</i>	1965	1966	1967	1968	1969
All forms of neglect (including verminous conditions) ..	1,803	2,201	2,146	2,012	1,672
Other environmental conditions	802	914	1,418	1,329	1,478
Behaviour problems	150	233	201	232	268
All medical defects (including the handicapped)	3,529	4,434	4,060	4,572	3,587
No access visits (from all the above categories)	1,923	2,130	2,163	2,450	2,244
TOTAL	8,207	9,912	9,988	10,595	9,249

Nurses General Survey

The value of the general survey of all school children, as a check on deviations from usual standards of health, well being, personal hygiene and parental care, still cannot be rated too highly; especially in some areas where the 10 year + medical examination has been discontinued, and where there is a moving population. Priority is still given to the survey of all new entrants to school, so that there is an early ascertainment of defects needing treatment.

During 1969 a total of 3,485 defects from these surveys was referred to the school medical officer or general practitioner.

Vision Surveys

The importance of early detection of visual defects in school children cannot be stressed too strongly. Every endeavour is made by the nursing staff to carry out vision testing of the new entrants to the infant and nursery schools during the first term, and annually if possible with other age groups.

The knowledge gained from the lectures given by the Orthoptic Department staff at Selly Oak Hospital, has proved to be helpful to the school nursing staff.

86,463	children were tested during 1969	
72, 268	had normal vision	
5,018	were referred for observation	
2,587	were referred to medical officers	
4,544	had defects corrected by spectacles	
2,046	were not wearing spectacles at time of testing	
240	boys had colour vision defects	} referred for further tests
15	girls had colour vision defects	

Nursery Schools and Classes

During 1969 there has been made a total of 179 home visits, in the course of following-up of defects in the nursery age group. Interviews with parents prior to the child entering nursery school, or soon after admission, have proved to be of great value in promoting a relationship between parents, teaching and nursing staff.

Specialist Work—Asthma

The work of this section continues to increase and all children attending this clinic are followed up at home.

During 1969 a total of 353 home visits was made by the two members of staff specialising in this work.

Students and new members of staff have benefited from the information gained from sessions spent at the Asthma Clinic.

Ear, Nose and Throat Department

Despite the shortage of staff, the audiometric sweep testing in the schools has been completed for 1969. The work in this department continues to expand, thus increasing demands on nursing time. The numerous students from various Authorities appreciate the knowledge gained from the staff in this department.

Handicapped Children

Two full-time nurses work in close liaison with their colleagues in the clinic areas to maintain nursing care for handicapped children.

More and more follow-up is needed in this field, in addition to supervision in the home during the holidays, when special cases are referred from residential schools.

The Work of the Nursing Assistants

The work of the nursing assistants continues as in previous years in helping the school nursing staff to improve the standards of cleanliness. During the year 65,927 examinations of children were made by the nursing assistants, and 1,400 children were treated for scabies referred by the school medical officer or general practitioner; also regular supervision was given to 241 children from 77 socially handicapped and problem families.

This particular aspect of the work is hard, sometimes frustrating, but always rewarding in the satisfaction felt in having helped so many children and families in times of stress and hardship. We are grateful to the Education Welfare Officers who have worked in close liaison with the School Health Service staff, when trying to help these families.

	1964	1965	1966	1967	1968	1969
Infestation Rate %	8.0	7.7	7.5	7.0	7.0	6.8
Number of children cleansed on Statutory Cleansing orders ..	1,941	1,967	1,845	1,835	1,721	1,389
Total number of statutory cleansings	2,660	2,772	2,646	2,585	2,514	1,992
Cleansing demonstrations to mothers	685	537	549	662	661	440
Prosecutions under Section 54 ..	60	11	15	26	6	22
Number of children involved ..	53	16	29	42	6	46

Health Education

Health education group teaching to the 14+ and 11+ age group, and informal teaching during various surveys, continues to progress. Many of the nursing staff take part in discussions and talk to organised groups outside the Service. During 1969, there were, 1249 teaching sessions in schools taken by the nursing staff.

Our thanks and appreciation to the Health Education Section for their continued assistance with advice and equipment.

AUDIOMETRIC SURVEY 1969

The examination in the schools of the five year old children by pure tone audiometry was continued during the year. Any other child with suspected hearing loss could also be brought forward.

The methods and standards used were described in previous reports:

Number of children tested	19,116
Number of children failed	2,532
Number of children failed and already under treatment:	
Aural Clinic	154
G.P.	8
Hospital	83

Number of children referred to:

Aural Clinic	..	..	..	..	..	..	..	..	2,122
G.P.	..	..	..	..	..	..	..	..	54
Hospital	..	..	..	..	..	..	..	..	4

Failed but for re-test in school 107

Number of children failed to attend clinic for re-test 406

Pure tone tests at Clinic 1,724

Number of children failed pure tone test at Clinic 1,429

Failed test at Clinic, referred to:

Aural Surgeon	..	..	..	..	..	..	..	..	1,134
G.P.	..	..	..	..	..	..	..	..	22
For re-test at Clinic	..	..	..	..	..	..	..	..	204
Found to be under treatment	..	..	..	..	..	..	..	..	69

Number of children seen for first time or reviewed by Aural Surgeon .. 1,992

Number of children referred for treatment:

Hospital	..	..	..	..	..	..	..	..	696
Polytisation and review	..	..	..	..	..	..	..	..	12
Decongestants and review	..	..	..	..	..	..	..	..	411
Ear drops given and review	..	..	..	..	..	..	..	..	44
Halibut liver oil given and review	..	..	..	..	..	..	..	..	40
No treatment advised and review	..	..	..	..	..	..	..	..	379
Perceptive deafness and review	..	..	..	..	..	..	..	..	19
Others	..	..	..	..	..	..	..	..	23
Discharged	..	..	..	..	..	..	..	..	249
Parents refused operation	..	..	..	..	..	..	..	..	19
Referred for X-ray and review	..	..	..	..	..	..	..	..	100

696 Children referred to hospital:

T's and A's	..	..	..	..	..	..	..	..	262
Adenoidectomy	..	..	..	..	..	..	..	..	264
Myringotomy	..	..	..	..	..	..	..	..	22
Bi-lateral antrum wash-out	..	..	..	..	..	..	..	..	19
Stopples	..	..	..	..	..	..	..	..	77
Removal of stopples	..	..	..	..	..	..	..	..	23
Mastoidectomy	..	..	..	..	..	..	..	..	18
Routine ear treatment	..	..	..	..	..	..	..	..	11

Number of children did not attend to be seen by Aural Surgeon .. 304

EYE DEFECTS

The number of children examined in the routine age groups who suffered from defective vision (excluding squint) was:

<i>Age group inspected (By year of birth)</i>	<i>Number of pupils examined</i>	<i>Number found to have defective vision</i>	<i>Percentage</i>
1965 and later	.. 1,478	17	1.15
1964 .. ..	.. 8,050	141	1.75
1963 .. ..	.. 5,726	150	2.62
1962 .. ..	.. 2,292	71	3.10
1961 .. ..	.. 1,020	36	3.53
1960 .. ..	.. 498	30	6.02
1959 .. ..	.. 1,341	104	7.76
1958 .. ..	.. 2,588	216	8.35
1957 .. ..	.. 1,251	88	7.03
1956 .. ..	.. 348	38	10.92
1955 .. ..	.. 2,671	297	11.12
1954 and earlier	.. 8,836	1,084	12.27
<hr/>			
TOTAL	36,099	2,272	6.29
<hr/>			

OPHTHALMIC EXAMINATION

Mr. Mark Tree reports:-

"I am pleased to report on the year's work at the Ophthalmic Clinic at Canterbury House.

The incidence of refractive errors is mostly unchanged and I append an analysis.

Moderate myopia and astigmatism	.. .. .	17%
High myopia .. .. .	.. .. .	4%
Hypermetropia and astigmatism	.. .. .	51%
Mixed astigmatism .. .. .	.. .. .	9%
Squint cases .. .. .	.. .. .	7%
No spectacles ordered	.. .. .	12%

In the case of illiterate children we are making increasing use of the Ffook's test, which employs varying sizes of the square ■, the circle ○, and the triangle △, for the children to identify by choosing the appropriate 'cut-out' sample given to them. This test is graded in sizes similar to the Snellen test types and our nurses are finding it more useful and reliable than others available.

In this connection, practical considerations must come into the visual assessment especially in the case of very young and of handicapped children. It is often impossible to arrive at an accurate assessment of the visual acuity in these cases using scientific standards. Where there is a mental handicap the general observations of the parents will help.

- a) Can the child get around without bumping into things?
- b) Does he go directly to objects or food without feeling for them?
- c) Can he readily find small bright objects dropped on the floor, e.g. paper clips or small toys?

If these achievements are satisfactory the apparent normality must be confirmed by the absence of squint and nystagmus and by the normal appearance of the pupil area. As a final measure detailed examination of the fundi and optic discs and a refraction will only be possible in circumstances of calm and co-operation.

I have been very concerned by the reference to me of mentally handicapped children who have not been adequately sedated and who arrive in such a state of disturbance as to make detailed eye examination impossible. I am hopeful that co-operation with the family doctors in securing adequate treatment will help with this problem."

REPORT OF THE CHIEF DENTAL OFFICER

Mr. F. J. Hastilow reports:-

"In the report of the Principal School Dental Officer for 1968 it was recorded that the School Dental Service, after over 50 years under the Education Committee, had been transferred, as far as the day to day control was concerned, to the Public Health Department. 1969, in fact, has been a year of substantial change during which the amalgamation of the School Dental Service with the Maternity and Child Welfare Dental Service to form the Personal and Child Health Dental Service, which was implicit in the decision referred to above, began to be put into effect in practice. In the first place this has meant that all dental clinics in the city whether they were previously School Dental Service or Maternity and Child Welfare Dental Service are now available to treat patients of all classes who are entitled to treatment whether they be expectant and nursing mothers, pre-school children or school children. This has had a marked effect on the organisation of the clinics, the work that has been done there and on the method of recording statistics. It will be obvious, therefore, that in many respects it is not possible accurately to compare 1969 with years that have gone before.

1969 saw the end of the arrangement under which there were two Principal Dental Officers jointly in charge of the service when a Chief Dental Officer was appointed following the retirement from the post of Principal School Dental Officer on 31st May, 1969 of Mr. H. A. Cohen. It must here be recorded that Mr. Cohen has given long and loyal service to Birmingham Corporation as a dental officer in one way or another for well over 40 years. In addition he has brought honour to the dental profession as a whole in that he has held the post of Chairman of the Management Committee of All Saints' Hospital for five years prior to the amalgamation of that hospital with Dudley Road Hospital, having previously been a member of the Management Committee of No. 6 Group Mental Hospitals for many years. This is a type of post which has very rarely indeed been filled by a member of the dental profession; a record of service in one sphere or another which has been equalled by very few people indeed.

The setting up of the new Personal and Child Health Dental Service involved also the creation of a graded staff structure. The city has been divided into four divisions and in charge of each is a Divisional Dental Officer, the senior one of whom fulfils the functions of Deputy to the Chief Dental Officer. In charge of two-surgery clinics and responsible to the appropriate Divisional Dental Officer are Senior Dental Officers and beneath them ordinary Dental Officers, part-time dental officers and dental auxiliaries. It has also been decided that in a city the size of Birmingham there is scope for dental officers who specialise in certain aspects of dentistry and provision has been made for appointments in:-

Endodontics or the treatment of teeth with diseased or injured pulps. This largely concerns front teeth and very often those which are involved in accidents and require emergency treatment.

Orthodontics A dental officer who will work closely with the part-time specialists and will particularly be concerned with organising orthodontics on a somewhat less centralised basis than at present.

Minor Surgery which will involve the carrying out of operative procedures which are beyond the scope of ordinary clinics but which do not really require the admission of the patient to hospital.

Periodontics, the treatment of diseases of the gums and supporting tissues of the teeth. These are conditions which affect older people but the earliest signs of which can be detected in childhood. This will assume increased importance in the future since due to fluoridation and other causes it seems likely that more teeth will survive attack by dental decay and will later be subject to attack by periodontal disease.

By the end of 1969 the divisional structure was complete and appointments have been made to the specialist posts of Endodontics and Orthodontics. In this way it is hoped to create within the Service in Birmingham, a more attractive career prospect for dental officers. Similarly, a Senior Dental Hygienist whose main duties will concern dental health education has been appointed together with a Superintendent Dental Surgery Assistant who will exercise a certain amount of supervision over the substantial number of dental surgery assistants in the city and will be responsible for training new entrants.

During 1969 the administrative headquarters of the Service was set up at the Dental Clinic at 90 Lancaster Street. It is intended that the facilities at present housed in Sheep Street Clinic, which is due to be demolished on account of the extension of the University of Aston, will be transferred to Lancaster Street in the near future. It will then be possible to have a combined clinical headquarters and administrative headquarters in the same building.

Owing to financial stringency it was not possible to proceed with the modernisation and up-grading of equipment in surgeries as had been hoped. This is unfortunate since in a number of cases the equipment is very basic and is now of substantial age. One of the things that helps to provide effective treatment for children and at the same time helps to retain dental staff is reasonably up-to-date equipment and in particular lighting in the surgeries. It is sincerely to be hoped that it will be possible to proceed with the improvement of dental equipment in the clinics in the fairly near future.

As far as dental treatment is concerned, for reasons already mentioned, it is not easy to make comparisons with previous years except perhaps in overall totals. In this respect it can be stated that in 1969 the total number of fillings inserted for all classes of patient was

49,750. This compares with 47,412 in 1968. Likewise the number of extractions in 1969 was 35,754 compared with 40,138 in 1968. As far as school children are concerned the ratio of permanent teeth filled to permanent teeth extracted was 3.5 compared with a national average of 6. This compares with a figure of 3.2 in 1968.

It is now a matter of history that the level of fluoride in the Birmingham water supply was adjusted in 1964 to 1 p.p.m., the level which has been agreed upon as being effective in reducing dental decay without causing any other complications. Children, to obtain the maximum benefit must drink this water since birth and by 1969 a dramatic improvement had already been produced in the teeth of pre-school children and by the autumn of that year a survey carried out by selected dental officers in the Personal and Child Health Dental Service indicated quite clearly that the five year old children were now beginning to show a substantial improvement.

Dental Health Education is also a matter which has received a great deal of attention and under the supervision of the Senior Hygienist a programme has been arranged in a number of schools at the end of the year totalling some 30. This involves our dental auxiliaries and hygienists going into these schools and putting over to the children facts about dental health and what they can do to keep their own teeth healthy, what dentistry is all about and what it can do to help them and, perhaps more important, getting the children familiar with items of dental equipment and meeting some of our dental staff. The emphasis has been not on giving straight-forward talks but on trying to get the children involved themselves in finding out facts about their own teeth and dental health. It is difficult to estimate the effects of such a scheme at the moment but certainly, where this has been carried out the response after a dental inspection has been much more satisfactory.

On the whole then 1969 has been a year when, upon the foundation which has been so adequately laid by the excellent work which has been done in the past a basis has been built for a service which can expand and develop to the point where it is reasonable to hope that adequate dental care for the children of Birmingham can be provided.”

SCHOOL DENTAL SERVICE

1. STAFF

	Number of Officers	Total full time equivalent inclusive of extra paid sessions worked		
		Administrative Duties	Clinical Duties	
			School service	M. & C. W. service
(a) OFFICERS EMPLOYED ON A SALARY BASIS				
Principal School Dental Officer	1	.50	.2	.3
Dental Officers (including orthodontists) ..	15	.0	14.0	1.0
TOTAL (a)	16	.5	14.2	1.3
(b) OFFICERS EMPLOYED ON A SESSIONAL BASIS (including orthodontists)	26	—	7.4	.6
TOTAL of (a) and (b)	42	—	21.6	1.9

	<i>Number</i>	<i>Full time equivalent</i>		
		<i>Dental Health education</i>	<i>Treatment</i>	
			<i>School service</i>	<i>M. & C. W. service</i>
(c) DENTAL AUXILIARIES AND HYGIENISTS				
Dental Auxiliaries	8	.4	7.1	.5
Dental Hygienists	2	1.2	.4	.2

(d) OTHER STAFF	<i>Number</i>	<i>Full time equivalent</i>
Dental Technicians	2	2.00
Dental Surgery Assistants	45	40.9
Clerical Assistants	3	3.00
Dental Health Education Personnel	—	—

(e) SCHOOL DENTAL CLINICS	<i>Fixed Clinics</i>				<i>Mobile Clinics</i>		
	<i>No. with ONE surgery only</i>	<i>No. with TWO or more surgeries</i>	<i>Total number of surgeries</i>		<i>Total number of clinics</i>		<i>Total No. of sessions worked in 1969</i>
			<i>Available</i>	<i>In use</i>	<i>Available</i>	<i>In use</i>	
Provided directly by Authority	3	18	40	40	—	—	—
Under arrangements made with Hospital Authorities	—	—	—	—	—	—	—

2. ATTENDANCES AND TREATMENT

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit	11,948	12,450	2,568	26,966
Subsequent visits	12,332	21,390	5,850	39,572
Total visits	24,280	33,840	8,418	66,538
Additional courses of treatment commenced ..	1,131	999	257	2,387
Fillings in permanent teeth	8,486	21,519	6,654	36,659
Fillings in deciduous teeth	8,309	627	—	8,936
Permanent teeth filled	7,317	19,213	5,968	32,498
Deciduous teeth filled	7,464	563	—	8,027
Permanent teeth extracted	1,489	6,252	1,485	9,226
Deciduous teeth extracted	18,513	5,559	—	24,072
General anaesthetics	7,744	5,038	721	13,503
Emergencies	2,373	1,547	340	4,260

Number of Pupils x-rayed	..	..	..	..	..	..	..	..	1,578
Prophylaxis	..	..	..	..	..	..	..	..	6,030
Teeth otherwise conserve d..	..	..	..	..	..	..	..	..	1,812
Number of teeth root filled	..	..	..	..	..	..	..	..	95
Inlays	..	..	..	..	..	..	..	..	29
Crowns	..	..	..	..	..	..	..	..	139
Courses of treatment completed	..	..	..	..	..	..	..	..	25,009

3. ORTHODONTICS

Cases remaining from previous year	..	..	..	..	..	..	..	987
New cases commenced during year	..	..	..	..	..	..	..	408
Cases completed during year	..	..	..	..	..	..	..	326
Cases discontinued during year	..	..	..	..	..	..	..	130
Number of removable appliances fitted	..	..	..	..	..	..	..	767
Number of fixed appliances fitted	..	..	..	..	..	..	..	3
Pupils referred to Hospital Consultant	..	..	..	..	..	..	..	10

4. PROSTHETICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	0	1	4	5
Pupils supplied with other dentures (first time)	7	55	43	105
Number of dentures supplied	9	59	45	113

5. ANAESTHETICS General Anaesthetics administered by Dental Officers

409

6. INSPECTIONS

(a) First inspection at schools. Number of pupils	..	..	..	..	..	91,845
(b) First inspection at clinic. Number of pupils	..	..	..	..	..	18,644
Number of (a) (b) found to require treatment	..	..	..	..	..	72,208
Number of (a) (b) offered treatment	..	..	..	..	..	62,139
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	7,778
Number of (c) found to require treatment	..	..	..	..	..	5,715

7. SESSIONS

Sessions devoted to treatment	..	..	..	..	..	..	..	11,789
Sessions devoted to inspection	..	..	..	..	..	..	..	734
Sessions devoted to Dental Health Education	..	..	..	..	..	..	..	60

CHIROPODY CLINIC

Mr. H. Wildbore reports:—

“Miss C. Relf left the service in February 1969 and unfortunately has not been replaced.

A foot inspection was carried out at a secondary school, on pupils who had not previously been examined. This is contrary to my normal practice as prophylactic measures are ineffective in the older age groups. However, it proved interesting and some useful advice and treatment was possible. Although the number seen was too small to give firm indications, the following points are of some importance.

- 1) the percentages of pronation (Pes Valgus), and deformities of lesser toes were similar to those found in younger children,
- 2) the percentages of hallux valgus rose from 20% at 7—9 years to 46% at 12—15 years in girls and from 12% to 23% in boys.

It has been observed for many years that there are more cases of hallux valgus and less of hallux varus at age 9 than 7. No figures are available to substantiate this observation.

The inference is that the natural foot becomes deformed owing to the restrictive influence of footwear which becomes more prevalent as the child grows older. It is not surprising that girls are affected more seriously than boys."

ANALYSIS 1969

	<i>Number of cases</i>							
Plantar warts—single	204
Plantar warts—multiple	167
Corns	83
Callous	34
Onychocryptosis	15
Involuted nails	28
Onychophosis	12
Onychogryphosis & onychiauxis	20
Sub-ungual exostosis	1
Pes cavus	4
Pes valgus	26
Hallux valgus	49
Other conditions of 1st segment	3
Various conditions of lesser toes	101
Foot strain	3
Bursitis	8
Septic lesions	4
Blisters etc.	5
Painful heels	10
Metatarsalgia	2
Tinea pedis	13
Foreign bodies	2
Trauma	9
Chilblains	3
								<hr/> 806 <hr/>
Total number of new cases	607
„ „ „ re-examinations	1,731
„ „ „ attendances	2,338
„ „ „ treatments	2,935
„ „ „ discharged	628
„ „ „ referred for other treatment	13
„ „ „ still under treatment	193
„ „ „ of cases of verruca discharged	380
„ „ „ „ attendances before discharge	1,580
Average attendances per case of verruca	4.158

Summary of foot inspections carried out at schools during 1969.

Four junior schools and one secondary school were visited during the year.

				<i>Age 7—9 years</i>		<i>Age 12—15 years</i>	
				<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>
Number of children seen	..	..	..	219	248	82	68
Conditions observed:							
Pes valgus	..	..	..	65	74	28	23
Other conditions of long arches	..	..	..	9	14	2	3
Hallux valgus	..	..	..	45	31	38	16
Hallux varus	..	..	..	9	18	1	1
Other conditions of 1st segment	..	..	..	3	—	2	1
Hammer toes	..	..	..	1	2	—	—
Latero-medial curvatures	..	..	..	70	75	30	23
Overriding 2nd toes	..	..	..	4	4	1	—
Overlapping 5th	..	..	..	4	7	—	—
Rotated 5th	..	..	..	7	12	4	3
Other irregularities of lesser toes	..	..	..	13	24	1	6
Corns	..	..	..	19	21	10	7
Callous	..	..	..	7	5	2	5
Verrucae	..	..	..	4	4	2	2
Conditions of sweat glands	..	..	..	—	4	—	—
Onychocryptosis	..	..	..	1	—	—	—
Thickened nails	..	..	..	8	10	3	4
Other nail conditions	..	..	..	—	—	7	—
Tinea pedis	..	..	..	—	—	—	2
Genu valgum	..	..	..	13	8	—	—
Footwear							
Short	..	..	..	73	48	20	11
Inadequate in other ways	..	..	..	51	15	23	8
Referred for treatment:							
Chiropody	..	..	..	83	66	21	10
Physiotherapy	..	..	..	9	4	1	—

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports:-

"The work of the clinic has continued to increase so that it has become quite difficult to give adequate time and care to individual children. Both the accommodation and the staff are fully occupied so that no further expansion seems possible under present circumstances.

During the year 266 new patients were seen, there were 611 first recalls and 5,734 consultations in all. Of the total consultations 943 were carried out at Dudley Road Hospital. There were 353 domiciliary visits made, 264 successfully and 89 with no access.

Published work

The main publication during the year was a paper on the "Clinical Significance of Skin Reactions to Mite Extracts in Children with Asthma" (Smith, J. Morrison, Disney, M. E.; Williams, J. D.; and Goel, Z. A. 1969, British Medical Journal, 2, 723-726). This work carried out partly at the School Clinic and partly at Dudley Road Hospital led to the conclusion that the mite *Dermatophagoides pteronyssinus* is found commonly in dust from houses of children in Birmingham suffering from asthma. Positive skin reactions using mite extracts were obtained more frequently and were of greater size than those with other extracts and that there was good reason to believe that allergy to house dust mites is of considerable importance in causing childhood asthma.

Other research

Work has continued on the long-term results of treatment with disodium cromoglycate ("Intal") in asthmatic children including careful observation for evidence of side effects arising after one or more years of continuous use. Fortunately this new drug has not been found to have any serious ill effects even after long continued use and the main problem encountered in its use has been the need for continuous supervision to ensure that children who have responded well do not leave off taking the treatment as prescribed. It may seem almost incredible that they should do so but in fact up to 20% fail to continue this simple treatment as advised with the result that many have to have other less desirable treatment or suffer relapse of their asthma. This difficulty with long-term treatment and need for careful and continuous supervision is well known in medicine and has been most carefully studied in relation to the treatment of tuberculosis. It is clear that in using a drug such as disodium cromoglycate this problem is serious even in a clinic where every encouragement is given and repeated patient instruction carried out. Results with this drug in less favourable conditions may for this reason be disappointing and much excellent and expensive treatment may be wasted.

During the pollen season of 1969 the effect of disodium cromoglycate on seasonal asthma due to grass pollen allergy was investigated by means of a double blind clinical trial. This work has not yet been published but it has been clearly demonstrated that the drug is effective in the relief of pollen asthma and the reduction of chest symptoms. It is hoped to carry out a further trial next year on the effect of disodium cromoglycate on the nasal symptoms in hay fever.

Some further work has been done on the clinical syndrome which is associated with allergy to house dust mites. One hundred children with allergy to mites and no evidence of other allergic sensitivity were studied. This work has been accepted for publication.

A comparison of the results of treating asthmatic children in Baskerville Residential School and in the Pro-Juventate Sanatorium, Davos, Switzerland has been made. It was found that 66% of the children became almost free of asthma when admitted to Baskerville School and 77% of the children did equally well in Davos. The type of child who did best in both places was the child with known dust allergy and who was not obviously emotionally unstable. Boys did rather better than girls. Some dust samples were examined for dust mites. Those from the homes of the children and particularly from their bedrooms almost invariably contained mites. Samples from the dormitories both at Baskerville School and at the Pro-Juventate Sanatorium were free of dust mites. Further work on this subject seems worthwhile.

During 1969 the survey designed to show the current prevalence of asthma in Birmingham children was completed and the results are being studied with the assistance of the computer at the Birmingham University Medical School. It is hoped that these will become available in the coming year and be prepared for publication.

Staff

It gives me the greatest pleasure to express my thanks for the help of my colleagues during the year, particularly Dr. M. E. Disney, Consultant Paediatrician at Dudley Road Hospital, Dr. L. F. Dale, Dr. P. Mukherjee and the doctors of the School Health Service. Of the nursing staff one can only say that their work is superb and their kindness and patience inexhaustible."

ORTHOPAEDIC DEFECTS

Mr. H. Piggott reports:-

"Orthopaedic clinics are held during the term at Mowbray Street, children being referred usually as a result of routine school medical examination.

These clinics are extremely helpful in the early detection of progressive deformities such as scoliosis and hallux valgus. In addition, a considerable number of immigrant children are found at their first school medical examination to have quite severe deformities, either congenital or as a result of poliomyelitis or rickets, which may never have been treated.

Children are treated either by the School Physiotherapy Service or by admission to the Children's Hospital, the Royal Orthopaedic Hospital, or St. Gerard's Hospital, Coleshill, as required.

This clinic serves an invaluable purpose and it is quite certain that without routine school medical examination and subsequent referral of patients, many deformities would reach the severe and possibly untreatable stage before detection."

The work of the two peripatetic remedial gymnasts responsible for treatment in the various special schools has continued during 1969, and the visits to two of the city's swimming baths for hydro therapy have also proved to be, as usual, popular and valuable to the pupils.

For the first time for some years it has been possible in 1969 for school medical officers, school nurses and therapists to discuss together the children under treatment and this has resulted in more children being referred to Orthopaedic Surgeons for advice.

There is no doubt that the number of children with multiple handicaps is greatly increasing. This increases the need for more individual treatments so that less time is available for group therapy.

During the year 535 individual children between them received 12,591 treatments. 97 children received hydro-therapy on 3,440 occasions.

SUMMARY AND ANALYSIS OF THE CASES TREATED IN THE PHYSIOTHERAPY SERVICE

<i>Reason for attendance</i>	<i>No. of children treated</i>	<i>No. of attendances</i>
Remedial exercises ..	1,724	15,286
Massage	45	299
Radiant heat	42	215
Electrical treatment ..	18	168
Other purposes	355	1,070
TOTAL	2,184	17,038

Number of physiotherapists in post at 31st December 1969:

Full-time 1

Part-time 12

Total full-time equivalent 5.15

RESULTS OF TREATMENT

<i>Defect</i>	<i>Number Treated</i>	<i>Cured or much Improved</i>	<i>Slightly improved</i>	<i>Unchanged</i>	<i>Dis- continued Treatment</i>
Spinal conditions ..	186	88	38	25	35
Poor muscle tone ..	142	60	39	27	16
Various form of paralysis	47	12	20	12	3
Deformities of the foot & knee	936	338	222	171	205
Asthma	188	75	50	38	25
Bronchiectasis	7	2	4	1	—
Bronchitis	104	53	18	16	17
Injuries	26	16	3	4	3
Knock knees	36	13	12	8	3
Dysmenorrhoea	9	7	1	1	—
Fibrositis	2	1	1	—	—
Middle lobe collapse ..	1	1	—	—	—
Congenital dislocation of hip	1	—	—	1	—
Fibrocystic disease ..	1	—	—	1	—
Huntington's chorea ..	1	—	—	1	—
Cerebral palsy	1	—	—	1	—
Bursitis	1	—	—	1	—
Torticollis	5	—	1	4	—
Muscular dystrophy ..	1	—	—	1	—
Hip defect	1	—	—	1	—
Osgood Schlatter's disease	2	—	—	2	—
Cystic fibrosis	2	—	—	1	1
Collapsed lung	1	1	—	—	—
Tight trapezius	1	1	—	—	—
Tenosynovitis	1	—	—	—	1
Pains in calves	1	1	—	—	—
Stiff knee	1	—	—	—	1
Painful knees	1	—	—	—	1
Perthe's disease	1	1	—	—	—
Haemophilia	1	—	—	1	—
Recurring cough and respiratory infection ..	23	12	6	—	5
Club foot.	1	—	—	—	1
Pain in back	1	1	—	—	—
Mouth breathing	3	—	—	—	3
TOTAL:	1,736	683	415	318	320

Total number of individual children treated during the year—1,736.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below:

Kyphosis	6
Scoliosis	18
Torticollis	4
Acute backache	1
Poor muscle tone	1

DEFECTS IN EXTREMITIES:

(a) Foot and ankle

Pes cavus	7
Hallux valgus	9
Hallux rigidus	2
Knock knees	30
Bowing of tibia	2
Hammer toes	5
Peroneal spastic flat foot	1
Clawing of 5th toes	1
Pes valgus	16
Incomplete calcaneo navicular bar	1
Shortened hamstrings	1
Tight tendon achilles	2
Painful feet	3
Inversion deformity of foot	1
Inter-phalangeal valgus of 1st m.p. joint	1
External rotation of femur	1
Damaged cartilage	1
Hallux varus	2
Painful heels	1

(b) Arm and shoulder girdle

Depressed shoulder girdle	1
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CONGENITAL DEFECTS

Club foot	1
Spina bifida	1
Muscular dystrophy	1
Congenital dislocation of hip	1
Cerebral palsy.. .. .	1
Spastic hemiplegia	1
Congenital deformities	1
Talipes equino varus	2
Spasticity—leg	2
Cerebral palsy—arm	1

DISEASE

Poliomyelitis	..	..	..	..	..	..	..	6
Osgood Schlatter's	..	..	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	..	..	2
Myositis ossificans	..	..	..	..	..	..	..	1
Rickets	..	..	..	..	..	..	..	1

OTHER

Slipped lumbar disc	..	..	..	..	..	..	..	1
Seminembranosus bursa	..	..	..	..	..	..	..	1
Painful knees & knee injury	..	..	..	..	..	..	..	5
Spastic equino varus	..	..	..	..	..	..	..	2
Cavernous hemangiomata	..	..	..	..	..	..	..	1
Bi-lateral congenital dislocation of hip	..	..	..	..	..	..	..	1
Torticollis	..	..	..	..	..	..	..	2
Spondylolisthesis	..	..	..	..	..	..	..	1

SPEECH THERAPY

Miss J. Davies resigned from her full-time post in August. Miss J. Bisby was appointed to a full-time post in February, Mrs. C. Boulton to a full-time post in September and Mrs. E. Simons to a post as Senior Speech Therapist in November.

Regular staff meetings have been held during the year and we have been pleased to welcome our colleagues from other professions on these occasions. We are particularly grateful to Dr. Johnston for her support of these meetings and for her help with the many problems that have arisen during the year.

Number of cases under treatment	..	..	..	..	..	..	845
Number of cases referred for treatment	..	..	..	..	..	..	669
Number of cases opened	..	..	..	..	..	..	414
Number of diagnostic interviews	..	..	..	..	..	..	189
Number of cases who did not attend	..	..	..	..	..	..	98
Number of cases closed	..	..	..	..	..	..	396
Number of cases on the waiting list	..	..	..	..	..	..	299

Pre-School Aural Clinic

Since November a member of staff has attended the Pre-School Aural Clinic held twice weekly at the Assessment and Specialist Clinic. Pre-School children have been screened and those in need of help have been referred to the appropriate clinic.

George Road Centre

During the year it has been possible to give appointments for interviews to 219 children. Of these 118 have been given appointments to attend weekly for therapy or have been seen at less regular intervals until a suitable vacancy for weekly attendance became available. 58 cases were seen and parents were given advice on the handling of the problem at home and given further opportunity to attend the clinic should this prove necessary.

Of the 43 cases who did not attend for diagnostic interview 5 were transferred to other clinics due to re-housing and 15 were transferred to the clinic opened at the Birmingham School of Speech Therapy in October.

During the year 1st and 2nd year speech therapy students from the Birmingham School of Speech Therapy and a final year student from the Leicester School of Speech Therapy have attended the clinic for practical training.

Visitors to the clinic have included prospective speech therapy students, psychiatric social worker and educational psychology students.

Kings Heath Centre

During the year there have been 130 referrals of children for diagnostic interviews. Due to shortage of staff it is usually several months before these interviews can be arranged. Where therapy proves necessary there is a further delay before a regular appointment can be given.

Students from the Birmingham School of Speech Therapy have attended the Centre throughout the year. They have observed the work and carried out therapy under the supervision of the Speech Therapist.

Kingstanding Centre

The clinic has functioned for two sessions a week throughout the year. 39 children have been referred and of these 26 came from medical officers, 7 from head teachers, 3 from health visitors, 1 from Birmingham Children's Hospital, 1 from child guidance clinic and 1 from a welfare officer. 35 cases were opened during the year and of these 16 children had retarded speech development and 12 had retarded speech and language development. These two categories present the highest percentage of children attending for diagnosis and treatment.

Ward End Centre

It has been possible, due to the appointment of a further member of staff, to reduce the waiting list at this clinic. Cases referred for assessment are usually seen within a month of referral. Appropriate referrals have been received from school medical officers, head teachers, child guidance clinic and parents. The type of cases referred include children with delayed speech and language development of varied aetiology, stammerers and those with defective articulation without associated language problems. The latter type of referral usually responds well to parent guidance and regular attendance is found to be unnecessary.

Lozells Centre

Following the closure of the Aston clinic in June, new premises were opened in Lozells. Prior to the move, due to appalling working conditions, it was impossible to see children in the clinic and visits to local schools were arranged. The problems in these schools were found to be tremendous and it was obvious that the only way to carry out effective treatment would be for the schools to be visited regularly by a Therapist. This would be impossible due to staff shortage. However, it may, at some later date, be possible to visit one school weekly for a term and to plan programmes that could be carried on by teaching staff. With the move to Lozells the pattern of referrals has changed. The clinic is situated on a main road in a busy shopping area and 15 referrals have come from parents and

neighbours as they pass the clinic. In general these referrals have been found to be appropriate. 16 referrals have been pre-school children referred by senior school medical officers, pre-school aural clinic, health visitors and parents. In many of these cases advice to parents with regular follow up is all that is needed.

Staff in this clinic have received invaluable help from child guidance staff. The majority of cases at the clinic require a team approach for assessment and treatment. Of the 76 at present under treatment 24 have been seen by an educational psychologist, 10 by an educational psychologist and psychiatric social worker and 8 by psychiatrist. Students from the Birmingham School of Speech Therapy have attended throughout the year for clinical practice.

Birmingham School of Speech Therapy, Training School Clinic

In September, 1969 The School of Speech Therapy was transferred from the Matthew Boulton Technical College to North Birmingham Technical College. The main headquarters of the School were moved to a large house in Selly Oak to allow students easy access to their lectures at the University of Birmingham. The increased accommodation also permitted the establishment of direct training facilities under the supervision of the training school staff. The aims in establishing a training clinic are:

- 1) To promote a closer liason between academic and practical teaching of clinical methods and techniques.
- 2) To permit a graded selection of patient intake in accordance with students' training needs. It is recognised that within a busy service clinic it is not always possible to select patients for students in accordance with the students' particular training needs and interests. An attempt to do this will be made at Bonshaw House.

It is not intended that the training clinic shall replace the students' practical experience in various types of service clinic. The School of Speech Therapy is most grateful for co-operation of both school and hospital speech therapy clinics in accepting students for supervised practical work. It is hoped, however, by increased use of the training clinic for the students' observation of clinical work and their early introduction to supervised clinical work greater efficiency in both teaching and learning will be promoted.

Between October 1967 and April 1970 some fifty five children were seen for assessment of speech. The majority of referrals came through the School Health Service, but some children were referred directly from their school. A small number of pre-school children were seen, usually after the parents had requested advice from their family doctor or health clinic. It is felt that experience in examining such young children and counselling their parents is desirable for our advanced students.

In the future it is hoped that the training clinic may expand in scope through the use of technological aids. At present a video tape recorder is being installed, and it is hoped that one way vision viewing facilities will shortly be completed. It will then be possible to plan consistent observation periods for groups of students, and to film students at work and discuss their effectiveness in treatment. Filmed records of particularly interesting cases will be kept.

CONVALESCENT TREATMENT

The Education Committee provides a fund to enable a limited number of children recovering from acute illness to have a period of convalescence. Approval is given in selected cases recommended by the doctor in charge of the case and where the parents cannot afford to pay the cost. The scheme is intended to supplement that of the convalescent arrangements of the hospitals and to deal with children who fall outside the scheme for recuperative convalescence which they provide.

This is a valuable ancilliary provision and 19 children benefitted by a period of convalescence under the scheme.

SUMMARY OF WORK 1969

SCHOOL MEDICAL OFFICERS AT SCHOOLS:								<i>No. of Children Inspected or treated</i>
Visits to Schools—2,539								
Routine Inspections..	..	..	..	..	..	..	..	36,099
Special Inspections ..	..	..	..	..	..	..	..	23,185
Re-inspections ..	..	..	..	..	..	..	..	8,446
OPHTHALMIC CLINICS:								
Number of spectacles prescribed by the Ophthalmic Surgeons	..							3,044
AURAL CLINIC:								
Number examined by the Aural Surgeons	..	..	..	..	..	..	..	4,267
Number of mastoid dressings	..	..	..	..	..	..	..	380
Number of other aural treatments	..	..	..	..	..	..	..	1,037
Number of audiograms	..	..	..	..	..	..	..	6,102
ORTHOPAEDIC CLINICS:								
Number examined by the Orthopaedic Surgeon	..	..	..	..	..	..	..	155
Number treated by the Physiotherapists	..	..	..	..	..	..	..	1,736
CHILD GUIDANCE CLINICS	..	..	..	..	..	..	..	1,084
SPEECH THERAPY CLINICS	..	..	..	..	..	..	..	931
ULTRA-VIOLET RAY TREATMENT	..	..	..	..	..	..	..	1,009
DENTAL CLINICS (completed courses of treatment)	..	..	..	..	..	..	..	25,009
ORTHODONTIC CLINIC (completed courses of treatment)	..	..	..	..	..	..	..	326
ASTHMA CLINIC	..	..	..	..	..	..	..	1,209
SCHOOL NURSES AND/OR NURSING ASSISTANTS:								
Examinations of Children for Uncleanliness	..	..	..	..	..	..	..	287,079
Vision Tests	..	..	..	..	..	..	..	86,463
Home Visits	..	..	..	..	..	..	..	9,249
CHIROPODY CLINIC	..	..	..	..	..	..	..	628
AUDIOMETER SWEEP TESTS	..	..	..	..	..	..	..	19,116

SCHOOL CLINICS

Treatment of minor ailments and consultation sessions are held at the school clinics which also have sessions for dental treatment, refraction, U.V.R. treatment and, at some clinics, physiotherapy.

The number of sessions devoted to particular forms of treatment varies according to demand and the following table indicates the number of sessions usually held.

Clinic	Number of schools	Work undertaken (No. of sessions per week)						
		Minor ailments and consultation			Refraction	Orthopaedic	U.V.R.	Dental
		Doctor sessions	Children seen 1969	Total attendances 1969				
Aldridge Road, Great Barr ..	18	2	4,319	4,581	0.5	4	2	10
Albert Road, Aston	21	4	984	4,451	1.5	—	—	2
Albert Road, Harborne ..	51	2	2,279	7,197	1.0	5	3	12
Church Lane, Kitts Green ..	42	2	2,942	5,881	1.5	2	2	15
Soho Hill, Handsworth ..	53	3	5,521	10,974	1.5	5	2	10
Harvey Road, South Yardley ..	34	2	5,085	9,043	0.5	3	2	13
Maas Road, Northfield ..	46	2	2,657	4,639	1.0	5	1	17
Mowbray Street ..	37	4	3,899	4,550	1.0	2	4	16
*Sheep Street, Gosta Green ..	36	4	3,508	11,443	2.0	6	2	14
Stratford Road, Sparkhill ..	40	3	5,938	8,349	1.0	5	5	16
Slade Road, Erdington ..	38	2	2,548	3,988	1.0	—	4	9
Warren Farm Road, Kingstanding ..	15	2	2,543	3,682	0.5	4	3	8
Warstock Lane, Kings Heath ..	42	2	3,037	3,316	0.5	4	2	10
Yardley Green Rd., Little Bromwich	32	2	3,666	5,920	0.5	—	2	20
Monument Road..	39	4	1,901	5,486	—	—	2	10

*Chiropody and orthodontic treatment are provided at Sheep Street Clinic.

Child Guidance Clinics: 29 George Road, Birmingham 15.

23B Lozells Road, Birmingham 19.

201 Sladefield Road, Birmingham 8.

455 Yardley Wood Road, Birmingham 14.

Speech Therapy sessions are held at the Child Guidance clinics above. Dental sessions are also held at Nechells Green Health Centre, Treafoord Lane, Carnegie Institute, Farm Road and Lancaster Street Personal and Child Health Centres.

At the Consultation & Assessment Clinic, Canterbury House, 85 Newhall Street, an asthma clinic is held twice weekly attended by a chest physician, an aural clinic also held five or six times weekly attended by E.N. & T. specialists. A number of ascertainment sessions are held weekly by school medical officers and a medical ophthalmologist (responsible for the ascertainment of blind and partially sighted children) attends twice weekly. Sessions for the examination of immigrants are held weekly as required.

Sessions are arranged as necessary for the medical examination of manual and non-manual staff.

MEDICAL INSPECTION AND TREATMENT

Return for the year ended 31st December, 1969

Number of pupils on registers of maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools) in January 1970 as in Forms 7, 7M and 11 Schools 190,012

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical condition of Pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later ..	1,478	1,459	19	No selective medical examinations were carried out in 1969.	17	460	435
1964	8,050	7,961	89		141	2,360	2,360
1963	5,726	5,670	56		150	1,859	1,895
1962	2,292	2,280	12		71	844	820
1961	1,020	1,008	12		36	391	359
1960	498	489	9		30	223	200
1959	1,341	1,324	17		104	430	471
1958	2,588	2,578	10		216	672	781
1957	1,251	1,246	5		88	313	364
1956	348	343	5		38	133	139
1955	2,671	2,644	27		297	561	804
1954 and earlier	8,836	8,792	44		1,084	1,897	2,647
TOTAL	36,099	35,794	305		2,272	10,143	11,275

Column (3) total as a percentage of Column (2) total 99.15%

Column (4) total as a percentage of Column (2) total 0.85%

TABLE B—OTHER INSPECTIONS

Number of special inspections	23,185
Number of re-inspections	8,446
TOTAL	31,631

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	287,079
(b) Total number of individual pupils found to be infested	12,742
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,651
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1,389

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)						Periodic Inspections				Special Inspection
							Entrants	Leavers	Others	Total	
4	Skin	T	638	841	308	1,787	5,045				
5	Eyes—a. Vision .. .	T	355	1,776	521	2,652	813				
	b. Squint .. .	T	471	79	87	637	188				
	c. Other .. .	T	115	61	35	211	451				
6	Ears—a. Hearing .. .	T	658	89	121	868	414				
	b. Otitis Media .. .	T	222	56	65	343	258				
	c. Other .. .	T	90	53	58	201	261				
7	Nose and Throat .. .	T	978	180	191	1,349	584				
8	Speech .. .	T	204	15	77	296	166				
9	Lymphatic Glands .. .	T	21	3	4	28	47				
10	Heart .. .	T	43	19	22	84	49				
11	Lungs .. .	T	620	127	199	946	541				
12	Developmental—a. Hernia .. .	T	90	8	25	123	17				
	b. Other .. .	T	250	186	117	553	455				
13	Orthopaedic—a. Posture .. .	T	70	188	51	309	166				
	b. Feet .. .	T	474	211	173	858	668				
	c. Other .. .	T	225	142	90	457	599				
14	Nervous System—a. Epilepsy	T	35	30	25	90	38				
	b. Other .. .	T	101	35	48	184	99				
15	Psychological—a. Development	T	105	23	55	183	231				
	b. Stability .. .	T	221	68	88	377	503				
16	Abdomen .. .	T	97	46	26	169	157				
17	Other .. .	T	561	459	246	1,266	1,583				

T—Number of pupils found to require treatment.

O—Number of pupils found to require observation.

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

								<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	..	..	..	..	..	..	..	871
Errors of refraction (including squint)	..	..	..	..	..	..	..	4,470
TOTAL	..	..	..	..	..	..	..	5,341
Number of pupils for whom spectacles were prescribed	..	..	..	..	..	..	..	10,120

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

								<i>Number of cases known to have been dealt with</i>
Received operative treatment:-								
(a) for diseases of the ear	..	..	..	..	..	..	..	26
(b) for adenoids and chronic tonsilitis	..	..	..	..	..	..	..	443
(c) for other nose and throat conditions	..	..	..	..	..	..	..	13
Received other forms of treatment	..	..	..	..	..	..	..	2,481
TOTAL	..	..	..	..	..	..	..	2,963

Total number of pupils still on the register of schools at 31st December 1969 known to have been provided with hearing aids:-

(a) during the calendar year 1969	..	..	..	..	..	..	..	37
(b) in previous years	..	..	..	..	..	..	..	325

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

								<i>Number known to have been treated</i>
a) Pupils treated at clinics or out-patients departments	..	..	..	..	..	..	..	2,146
b) Pupils treated at school for postural defects	..	..	..	..	..	..	..	535
TOTAL	..	..	..	..	..	..	..	2,681

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

									<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp	..	..	..	..	..	..	..	..	113
(b) Body	..	..	..	..	..	..	..	..	122
Scabies	..	..	..	..	..	..	..	..	4,015
Impetigo	..	..	..	..	..	..	..	..	699
Other skin diseases	..	..	..	..	..	..	..	..	6,670
TOTAL	..	..	..	..	..	..	..	..	11,619

TABLE E—CHILD GUIDANCE TREATMENT

							<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	..	..	..	..	..	..	1,084

TABLE F—SPEECH THERAPY

								<i>Number known to have been treated</i>
Pupils treated by speech therapists	..	..	..	..	..	..	..	931

TABLE G—OTHER TREATMENT GIVEN

										<i>Number known to have been treated</i>
(a)	Pupils with minor ailments	..	..	..	..	..	..	..	..	8,324
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	..	..	19
(c)	Pupils who received B.C.G. vaccination	..	..	..	..	..	..	.		12,088
(d)	Other than (a), (b) and (c) above									
	Asthma	..	..	..	..	..	..	..	..	1,209
	U.V.R.	..	..	..	..	..	..	..	..	1,017
	Chiropody	..	..	..	..	..	..	..	..	628
	TOTAL (a)—(d)							..	..	23,285

Screening Tests of Vision and Hearing

Vision testing is carried out as a routine by school nurses and children are tested during their first year at school and at the ages of 7, 9, 11, 13 and 15.

Colour vision testing of both boys and girls at the age of 10 is carried out by school medical officers.

Specialist aural nurses undertake the routine audiometric testing of school entrants during their first year at school. This is followed where necessary by further investigation and treatment at the Aural Clinic.

SECTION 3 — INFECTIOUS DISEASES AND IMMUNISATION

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of the Birmingham Chest Services reports:-

“Notifications

There were 127 notifications of tuberculosis for children of school age or less during 1969, a decline of 14 compared with 1968 and the first time a decline has been recorded since 1964. The fall in notifications has occurred both in children born in this country and in immigrants to this country. Notifications in childhood are still dominated by notifications from immigrant groups—of the 127 notifications, only 19 were of children born in the United Kingdom whose parents were also born in the United Kingdom. A further 19 notifications were of children born here to Irish parents, and 45 others were children born here to parents who were born elsewhere in the world. The remaining 44 notifications were of children born outside the United Kingdom.

Mortality

There were no deaths from tuberculosis in children of school age or under during 1969.

Hospital Treatment

The arrangements for hospital treatment and continued education of child patients with tuberculosis were maintained without change at East Birmingham Hospital, Chest Branch throughout the year. A total of 80 children were admitted during the year, a small reduction from the number admitted in the previous year.

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) IN CHILDREN IN BIRMINGHAM 1969

<i>Place of birth of parents</i>			<i>Age group of children notified (years)</i>				<i>No. of children born in U.K.</i>
			0—4	5—9	10—14	0—14	
U.K.	..	..	5	5	9	19	19
Ireland	..	..	7	6	6	19	19
Pakistan	..	..	14	5	9	28	11
India	..	..	21	13	9	43	24
British Caribbean	..	..	5	4	1	10	8
Other	..	..	2	3	3	8	2
			54	36	37	127	
No. of children born in U.K.	..	..	47	19	17	—	83

ANNUAL NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

Years	Notifications			Totals	Deaths
	0—4	5—9	10—14	0—14	5—14
1936-40	65	41	34	140	21
1941-45	78	44	36	158	22
1946-50	95	66	52	213	16
1951-55	89	87	65	241	4
1956-60	61	45	45	151	1
1961	50	37	27	114	0
1962	61	34	30	125	1
1963	41	32	33	106	0
1964	58	47	30	135	0
1965	42	24	15	81	0
1966	57	31	28	116	0
1967	62	36	35	133	0
1968	64	39	38	141	1
1969	54	36	37	127	0"

SCHOOL CHILDREN X-RAYED DURING 1969

Children who gave a positive reaction to Mantoux tests and those whose parents refused this test, as well as some other children, were offered chest x-rays in order to exclude tuberculosis. These x-rays were carried out at the Chest Radiology Centre, (Medical Director: Dr. L. A. McDowell.)

Analysis of Chest X-ray findings

A. Children with Positive Reaction to the Mantoux Test

Number given appointments	2,398
Number x-rayed	2,138 (89%)

Tuberculosis found

Referred to Chest Clinic	
Active Lesions .. 6 (2.8 per 1,000)	} .. 9
Inactive but under supervision .. 3	
Other inactive lesions	8

Non-Tuberculous Abnormalities

Referred to Chest Clinic or Hospital	7
Others	2

B. Other Children (Refusers, Absentees, etc.)

Number given appointments	..	..	..	2,335
Number x-rayed	..	..	..	933 (40%)

Tuberculosis Found

Referred to Chest Clinic						
Active Lesions	..	2	}	..	..	2
Inactive but under supervision						—
Other inactive lesions not referred	..			..	..	—

Non- Tuberculous Abnormalities

Referred to Chest Clinic or Hospital	..	1
Others	..	3

B.C.G. VACCINATION

School Children (13 years old)

During the year 12,088 children had B.C.G. vaccination in schools as compared with 10,378 in 1968.

The parents of 16,119 children were approached and of these 15,150 (93.98%) accepted the skin test and vaccination with B.C.G.

During the period 15,525 were skin tested. Of these 1,159 had been previously vaccinated either through contact clinics or by special request in this city or elsewhere.

Children not previously vaccinated

Skin test performed	..	..	..	..	..	..	..	14,366
Positive	..	..	..	..	..	..	..	1,298
Doubtful	..	..	..	..	..	..	..	18
Failed to attend for reading of test	..	..	..	..	..	..	..	923
Negative	..	..	..	..	..	..	..	12,127
Vaccinated with B.C.G.	..	..	..	..	..	..	..	12,088

Thirty-nine children who gave a negative reaction to skin test were not vaccinated for various reasons, swimming, illness etc. A number of these were later tested and vaccinated.

Children who had previously been vaccinated

Skin tests performed	..	..	..	..	..	..	..	1,159
Positive	..	..	..	..	..	..	..	1,145
Doubtful	..	..	..	..	..	..	..	—
Failed to attend for reading of test	..	..	..	..	..	..	..	12
Negative	..	..	..	..	..	..	..	2(2 re-vac.)

A sample of children from each school vaccinated with B.C.G. during the previous year was given a skin test.

Conversion tests performed	..	..	..	..	..	..	967
Converted	..	..	..	..	..	..	853 (98.6%)
Negative	..	..	..	..	..	..	10 (re-vac. 1)
Doubtful	..	..	..	..	..	..	2
Failed to attend for reading of test	..	..	..	..	..	..	102

During 1967 the School Health Service initiated a scheme for examining immigrant children about to commence school. Heaf tests were given to all these children and negatives referred to the B.C.G. Section for follow-up:

Skin tests performed	..	..	..	..	..	..	937
Positive	..	..	..	..	..	..	375
Doubtful	..	..	..	..	..	..	5
Failed to attend for reading of test	..	..	..	..	..	..	109
Negative	..	..	..	..	..	..	448
Vaccinated with B.C.G.	..	..	..	..	..	..	447

This group includes a substantial number of children apparently already vaccinated with B.C.G. although an accurate history is not always obtainable.

INFECTIOUS DISEASES AND IMMUNISATION AGAINST DIPHTHERIA AND POLIOMYELITIS

The medical officers and nurses visit the schools for special investigation when cases of infectious disease occur and appropriate action is taken. Where indicated, medical officers visit the schools for special investigation.

INFECTIOUS DISEASES AMONG SCHOOLCHILDREN

<i>Disease</i>	<i>Sex</i>	<i>5—9 years</i>	<i>10—14 years</i>	<i>Total</i>
Acute meningitis	M	8	3	11
	F	7	4	11
Dysentery	M	42	12	54
	F	43	7	50
Encephalitis	M	1	—	1
	F	1	—	1
Food poisoning	M	4	5	9
	F	3	2	5
Infective jaundice	M	57	36	93
	F	46	33	79
Malaria	M	1	—	1
	F	—	—	—
Measles	M	332	15	347
	F	319	22	341
Scarlet fever	M	86	11	97
	F	103	16	119
Typhoid fever	M	—	—	—
	F	1	—	1
Whooping cough ..	M	28	3	31
	F	35	1	36

SECTION 4

CAUSES OF DEATH OF SCHOOL CHILDREN

Cause of Death	M	F
Cerebral haemorrhage	1	—
Heart disease	1	—
Cancer	7	6
Disease of sense organs	5	1
Bronchitis	1	—
Pneumonia	1	1
Acute and chronic nephritis ..	1	1
Congenital debility, premature birth, malformations etc.	—	3
Accidents	11	8
Other causes	2	1

FATAL ACCIDENTS AMONG SCHOOL CHILDREN
5—14 YEARS INCLUSIVE

<i>Type of accident</i>	<i>Sex</i>	<i>5—9 years</i>	<i>10—14 years</i>
Motor vehicle traffic accidents to pedestrians	M	3	—
	F	4	1
Other vehicle traffic accidents 	M	3	2
	F	—	—
Accidental drowning 	M	—	1
	F	—	—
Accidents caused by fire 	M	—	—
	F	2	1
Other accidents 	M	2	—
	F	—	—

SECTION 5—HANDICAPPED PUPILS

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

The medical supervision of the special schools has continued as before but the work has been shared by several medical officers. This has become an inevitable development in organisation because of the increasing numbers of children in the schools and the need to devote more time to the work of assessment. The purpose of reorganisation can only be justified if it results in a more sympathetic understanding of the individual child and this is of special importance in multiple handicaps. To divide the responsibility and share the case load is the natural sequence in the course of events. There is good reason to believe that the new system will be successful.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT DECEMBER, 1969

Educationally Sub-normal Children

Residential	..	..	..	..	..	..	..	..	..	193
Day	..	..	..	..	..	..	..	..	..	1,309

Maladjusted Children

Residential	..	..	..	..	..	..	..	..	..	31
Day	..	..	..	..	..	..	..	..	..	48

Deaf and Partially Hearing Children

Day	152
-----	----	----	----	----	----	----	----	----	----	-----

Partially Sighted Children

Day	104
-----	----	----	----	----	----	----	----	----	----	-----

Delicate Children

Residential	..	..	..	..	..	..	..	..	..	213
Day	..	..	..	..	..	..	..	..	..	175

Physically Handicapped Children

Residential	..	..	..	..	..	..	..	..	..	30
Day	..	..	..	..	..	..	..	..	..	231

Hospital Special Schools	131
--------------------------	----	----	----	----	----	----	----	----	----	-----

Handicapped Pupils (Maladjusted) Boarded in Hostels Maintained by the Education Committee	12
---	----	----	----	----	----	----	----	----	----	----

**EXTRA DISTRICT CHILDREN ATTENDING
BIRMINGHAM SPECIAL SCHOOLS AS AT DECEMBER 1969**

Educationally sub-normal children	20
Deaf and partially hearing children	107
Partially sighted children	57
Delicate children	8
Physically handicapped children	91
Children at hospital special schools	32
Maladjusted children	1

RESULTS OF SPECIAL EXAMINATIONS 1969

Results of examinations of children during the year with a view to their receiving or continuing to receive special educational treatment.

Number of children seen	1,201
Recommended for day (E.S.N.) school	317
Recommended for res. (E.S.N.) school	61
Recommended for residential open-air school	59
Recommended for day open-air school	63
Recommended for residential (P.H.) school	1
Recommended for day (P.H.) school	21
Recommended for residential school for epileptics	2
No action	18
To stay in special school	90
For trial in ordinary school	50
To stay in ordinary school	78
To leave special (E.S.N.) schools in order to take up employment	5
To leave open air schools to take up employment.. .. .	14
Decision deferred	138
To be excluded from school temporarily	1
Recommended for exclusion under Section 57(4) of the Education Act 1944	59
Recommended for home teaching	164
Recommended for Carlson House School for Spastics	8
Recommended for maladjusted schools	42

ASCERTAINMENTS AND PLACINGS OF HANDICAPPED CHILDREN 1969

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Hearing</i>		(5) <i>Physically Handicapped</i> (6) <i>Delicate</i>		(7) <i>Maladjusted</i> (8) <i>Educationally Sub-Normal</i>		(9) <i>Epi- leptic</i>	(10) <i>Speech Defects</i>	(11) <i>Total</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped pupils newly placed in special schools or boarding homes	2	20	11	9	59	109	49	378	2	7	646
B. Handicapped pupils newly ascertained as needing education at special schools or in boarding homes	2	18	10	13	45	149	41	378	4	8	668

BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1969

Blind and partially sighted pupils	34
Deaf and partially hearing pupils	..	..	..	..	..	..	..	..	34
Epileptic pupils ..	..	..	..	..	..	..	..	..	17
Physically handicapped pupils	..	..	..	..	..	..	..	..	26
Spastic pupils ..	..	..	..	..	..	..	..	..	50
Educationally sub-normal pupils	..	..	..	..	..	..	..	..	18
Pupils with speech defects	..	..	..	..	..	..	..	..	1
Delicate pupils ..	..	..	..	..	..	..	..	..	3
Maladjusted pupils	..	..	..	..	..	..	..	..	32

SCHOOLS FOR THE PARTIALLY SIGHTED

Mr. Mark Tree reports:-

"There has been a continuation in the increased demand for admission to our two schools for the partially sighted. This calls for discrimination in selecting those children most likely to benefit by the special facilities offered and there is a need for recognition of the fact that the highly trained staff of these schools can best help those children with adequate mental potential.

I have, therefore, over the many years of my association with these schools maintained a close and friendly co-operation with the heads and staffs of these schools. This has been of practical use not only in deciding on admissions but also on trial admissions, and later transfers to other schools depending on the progress of individual pupils.

I am as usual indebted to Miss Cox and Mr. Challacombe for statistical details.

The number of pupils attending the two schools now totals 159 consisting of 103 boys and 56 girls.

New admissions	24 pupils
Transfer between schools	2 „
Left school to commence work	5 „
Transfer to normal schools	6 „
Transfer to blind school	1 „
Transfer to residential school (Exhall)	4 „
Removed from Birmingham	6 „

The general categories of defects in the pupils which I have compiled in the past remain virtually unchanged and I am therefore now omitting to detail them.”

SPECIAL SERVICES AFTER-CARE SECTION

The main work undertaken by the After-Care Section is the visitation and supervision of young people after leaving Special School up to the age of 18 or beyond, with the aim of assisting them to become established in work, and to fit in with their family and social background.

The number of employable school-leavers actually in work has remained satisfactory, although increasing speed in industry and the Selective Employment Tax militate against people with handicaps. However the After-Care Visitors have, each in their own district, developed excellent relations with a number of employers, who can be relied upon to take young people from special schools whenever possible. The visitor will often accompany the young person to his interview where moral support is required.

Not all boys and girls leaving special school are capable of entering employment however. In the period under review 164 cases forming a little over one-sixth of the case-load were receiving or awaiting training as an alternative to employment. Lack of speed or concentration or multiple handicaps were the most common disabling factors among these cases.

This category of unemployable young people occupies much time and effort on the part of the After-Care Visitors, and is causing much anxiety, since the number increases steadily in the face of a situation in which most of the available training establishments are already filled to capacity. There is an acute need for extra places in Senior Training Centres. Meanwhile the name of each child in need of training is submitted to every agency which may be able to meet his particular requirements, and the thanks of the after-care staff are due to their colleagues in other agencies and departments whose co-operation has made it possible for a number of these more severely handicapped cases to be admitted severally to Day Centres organized by the Welfare Department, to Day Centres at Monyhull Hospital and at Carlson House, to Colleges of Further Education and to the Birmingham Industrial Therapy Association.

Leavers from E.S.N. Schools form the largest proportion of the after-care case-load. Leavers from all other types of special school are also dealt with however, the most recent additional class being the maladjusted, who pose difficult and highly individual problems.

It is an advantage to be able to follow up cases immediately after they have left school, but the After-Care Section is at all times ready to accept late referrals of children from other schools who may have got into difficulty and be in need of specialized help.

In addition to the current case-load a substantial number of discharged cases appeal to the After-Care Section for help with particular problems. Supervision is often resumed for a limited period until the problem has been resolved and the home situation stabilized.

Particular attention has been paid to cases passing from the supervision of the Children's Department at 18. Experience has shown that these young people, lacking the background of home and family, often continue to need support on reaching mature years. The need for a hostel for handicapped people in their teens cannot be emphasised too strongly.

A number of talks and lectures to outside bodies were delivered during the year. Invitations are welcomed, since they offer opportunities for making known the needs of the handicapped to responsible audiences.

Under Supervision 1969 School Leavers

TABLE A.

Left schools for the educationally sub-normal	..	..	..	Boys	89
				Girls	73
Left schools for other handicaps or had home teaching	..	..		Boys	41
				Girls	29
Left ordinary schools	..	..	..	Boys	0
				Girls	1
					<hr/>
			TOTAL	..	233

School Leavers before 1969 continuing under Supervision

TABLE B.

Left schools for the educationally sub-normal	..	..	..	Boys	312
				Girls	204
Left schools for other handicaps or had home teaching	..	..		Boys	118
				Girls	97
Left ordinary schools	..	..	..	Boys	16
				Girls	9
					<hr/>
			TOTAL	..	756

TABLES A AND B: TOTAL 989

JUNIOR TRAINING CENTRES FOR MENTALLY HANDICAPPED CHILDREN

The second 105-place centre was opened at Newtown in February, replacing the rented premises at Wretham Road. Both this one and the Kingstanding centre have been steadily building up to their maximum which should be reached in 1970.

The closing of the Hobmoor centre is gradually taking place, and the children and staff there are being dispersed to other centres as conveniently as is practical.

As usual, during the year centres had their open days, day outings, parents' meetings and other social events.

Mrs. Fussell, home teacher, retired in November after a considerable number of years service in the Department, and we were deeply shocked to hear of her death the day after her official retirement.

Three members of staff were seconded to training courses, in addition to the two already under training.

The numbers attending junior training centres at the end of the year were as follows:

<i>Centre</i>	<i>Under 16 years</i>		<i>Over 16</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Erdington	24	16	—	—	40
Fox Hollies	27	12	9	13	61
Hobmoor	18	12	4	6	40
Kingstanding	19	20	20	7	66
St. Lukes	20	14	10	7	51
Selly Oak	29	15	5	8	57
Stechford	26	22	7	5	60
Newtown	32	14	12	6	64
TOTAL	195	125	67	52	439

CAREERS ADVICE AND EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE

Mr. H. Heginbotham, Organiser of the Youth Employment Service reports:-

"During the year, Careers Advisers have interviewed 378 handicapped school leavers in the authority's schools and independent institutions to advise them on further education,

training and choice of employment. Following the report for the year ended 1968, interviews have been analysed according to the type of handicap. The total also includes extra-district children who were interviewed by Careers Advisers while attending schools maintained by the Education Committee and whose record cards were subsequently transferred to Careers Offices outside the city. While the total number of first interviews has remained fairly constant, there were variations between the types of handicap and the distribution between the sexes. There were more handicapped boys than girls and the number of educationally subnormal boys and girls has fallen. There has been an increase in the number of handicapped young people interviewed in secondary schools. This may in part be attributable to increased awareness and identification of such young people by Careers Advisers but it also reflects the trend towards the integration of handicapped young people in secondary schools. A separate analysis according to handicap has been made of such young people.

Careers guidance for the handicapped often requires long-term planning and consultation with parents, teachers, social workers and hospital staff. For example, the future of a boy suffering from polyneuropathy and obsessional personality was first discussed in 1968, although he was not eligible to leave the hospital school he was attending until July 1969. A case conference was held at the hospital in October 1968 and it was felt that because of his interrupted schooling and limited mobility (he was at the time in a wheelchair) a period at a residential college offering further education and vocational training was the best solution. This suggestion was discussed with the boy and the parents but they were unwilling for him to go away from home. The Careers Adviser discussed with the psychiatrist and school staff the other possibilities open to the boy and it was decided that he should apply for a course at the Industrial Rehabilitation Unit so that his capability and work capacity could be assessed. With the help of the psychiatric social worker parental consent was obtained and the boy was accepted for a course at the Handsworth Industrial Rehabilitation Unit. Although by this time he was walking with the aid of sticks, it was felt that daily travelling by public transport would prove too much for him. As there were no facilities whereby transport could be financed (those unable to use public transport should attend a residential unit) voluntary transport was eventually arranged with the help of the Minister of a local church. Following the course at the unit, it was recommended that he should seek sedentary work, such as assembly, sorting or packing. After 18 firms had been contacted he was eventually promised a job assembling fancy metal goods, but was not able to start immediately as the firm was awaiting the arrival of new equipment. At the end of 1969 he was still unemployed but it was understood that he would start work early in 1970.

Other young people whose cases are less complicated may still not be capable of entering directly into employment on leaving school, but need further education or vocational training before being capable of work. Four boys and a girl have followed a further education course at Portland Training College for the Disabled; two boys and three girls have attended the Star Centre for Youth. One boy, an asthmatic, gained three 'A' level passes, one with credit. He is continuing his studies at a local technical college and is applying for university entry. Four boys and one girl have attended Queen Alexandra College for the Blind. One young man who has been attending a tailoring course at Derwen Training College for the Disabled has obtained employment in the wardrobe department of the Royal Shakespeare Memorial Theatre at Stratford.

There are some handicapped young people, particularly among the educationally sub-normal, who do not settle satisfactorily into their first jobs and return to seek the Careers Adviser's help in finding other employment. The Careers Adviser may need to enlist the help of a sympathetic employer if such a young person is to settle satisfactorily. For example, an educationally subnormal boy was placed in work of a routine nature with a cardboard box manufacturer after he had been out of work for three months. He needed constant support from the Careers Adviser, his employer and the After Care Officer of the Special Services Branch to keep him at work. He has now worked for this firm for six months and appears to have settled satisfactorily. He had been in three previous jobs which had lasted for four months, a fortnight and half a day. The co-operation of employers is essential if such young people are to settle into work, and it is most readily forthcoming and greatly appreciated.

The co-operation that Careers Advisers receive from medical officers, social workers, teachers and other colleagues in the Education Service, as well as the staff of the Industrial Rehabilitation Unit and the Disablement Resettlement Officers of the Department of Employment and Productivity, is essential in helping handicapped boys and girls to overcome their difficulties in achieving their great ambition of becoming self-supporting."

STATISTICS

TABLE I

Number of 1st interviews during the year 1st January, 1969 to 31st December, 1969, (1968 figures in brackets).

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Birmingham Special Schools:-			
E.S.N. 	107 (122)	82 (88)	189 (210)
Physically handicapped	14 (14)	9 (18)	23 (32)
Deaf 	16 (12)	13 (17)	29 (29)
Partially sighted	4 (3)	4 (5)	8 (8)
Delicate 	11 (5)	2 (7)	13 (12)
Maladjusted 	8 (7)	4 (3)	12 (10)
Hospital 	2 (1)	— (2)	2 (3)
Home teaching 	3 (2)	14 (6)	17 (8)
Special units in secondary schools ..	7 (6)	4 (5)	11 (11)
Handicapped children in secondary schools: 	27 (6)	11 (6)	38 (12)
Other special schools	29 (15)	7 (15)	36 (30)
	<hr/>	<hr/>	<hr/>
TOTAL 	228 (193)	150 (172)	378 (365)
	<hr/>	<hr/>	<hr/>

TABLE II
HANDICAPPED YOUNG PEOPLE IN SECONDARY SCHOOLS

									Boys	Girls
Ear defects	..	..	..	..	..	..	..	..	1	1
Eye defects	..	..	..	..	..	..	..	..	3	—
Speech defects	..	..	..	..	..	..	..	..	1	1
Orthopaedic defects	..	..	..	..	..	..	..	..	4	2
Cerebral palsy	..	..	..	..	..	..	..	..	2	1
Dwarfism	..	..	..	..	..	..	..	..	1	—
Genito/urinary defects	..	..	..	..	..	..	..	..	2	1
Diabetes	..	..	..	..	..	..	..	..	1	1
Haemophilia	..	..	..	..	..	..	..	..	1	—
Asthma	..	..	..	..	..	..	..	..	1	—
Heart defects	..	..	..	..	..	..	..	..	2	2
Epilepsy	..	..	..	..	..	..	..	..	4	1
Psychiatric problems	..	..	..	..	..	..	..	..	4	1
									—	—
									27	11
									---	---

TABLE III
ANALYSIS OF REGISTER OF DISABLED PERSONS
(1968 figures in brackets)

Disability					Boys	Girls	Total
Amputation:							
One arm (inc. partial)	..	..	..		2 (1)	2 (2)	4 (3)
Arthritis and rheumatism	..	..	..		1 (1)	1 (1)	2 (2)
Diseases of the heart and circulatory system					— (3)	7 (—)	7 (3)
Diseases of the respiratory system	..	..			— (2)	— (2)	— (4)
Bronchitis, asthma, etc.	..	..	..		8 (6)	1 (2)	9 (8)
Diseases of the skin	..	..	..	..	1 (—)	1 (1)	2 (1)
Ear defects:							
Deaf without speech	..	..	..		2 (1)	1 (1)	3 (2)
Deaf with speech	..	..	..		4 (2)	4 (3)	8 (5)
Hard of hearing	..	..	..	..	— (—)	3 (2)	3 (2)
Eye defects:							
Blind (totally)	..	..	..	..	2 (4)	— (—)	2 (4)
Others	..	..	..	..	8 (8)	1 (3)	9 (11)
Injuries to thorax, abdomen, pelvis, trunk, hernia	..	..	..	..	— (1)	— (—)	— (1)

Diseases, injuries, deformities of:

Upper limb	4 (6)	2 (4)	6 (10)
Lower limb	4 (7)	2 (4)	6 (11)
Paralysis of lower portion of body ..	2 (2)	1 (1)	3 (3)
Other spinal diseases and injuries	— (1)	2 (2)	2 (3)
Mental disorders:			
Other mental illnesses	— (1)	— (1)	— (2)
Mental subnormality	5 (2)	4 (3)	9 (5)
Epilepsy	15 (19)	11 (8)	26 (27)
Other organic nervous diseases	4 (1)	3 (4)	7 (5)
Other general diseases not mentioned above, e.g. leukaemia, anaemia, etc.	4 (3)	4 (2)	8 (5)
TOTAL	66 (71)	50 (46)	116 (117)

SPEECH THERAPY IN SPECIAL SCHOOLS

The Brays

The number of children at Brays with multiple handicaps including speech, has been relatively small, and predominantly at the nursery level. Two students from the Birmingham School of Speech Therapy have attended regularly as part of their final year's practical work. They have initiated a small group for language stimulation amongst the younger handicapped children, as well as carrying out investigations into the verbal functioning of several hydrocephalic children. They have worked in close liason both with the teaching staff and the physiotherapists. We are most grateful for this co-operation.

Victoria School

A session a week has been worked in this school since October. This is quite inadequate for a school where many children are in need of therapy. The staff are co-operative and, with guidance from the therapist, work with the children in a classroom situation. The children have benefited from this extra help with speech and language. The parents of three children have been interviewed and home co-operation elicited.

Should more speech therapy staff be available additional sessions for advice and treatment should be arranged. This also applies to the other schools for handicapped children on the campus.

Wilson Stuart School

The school is visited for one session a week. This is totally inadequate for the needs of the school. It has only been possible to see six children for regular therapy. These include:-

- Post polio and hare lip: nasal speech and retarded language probably due to a hearing loss.
- Right hemiplegia: expressive dysphasia.
- Spina bifida: delayed speech and language.

Benign congenital hypotonia:	delayed language development and dysarthria.
Arthrogryphosis:	deviant articulation and hyper-nasality.
Cerebral palsy:	retarded language and deviant articulation due to cerebral palsy and high frequency hearing loss.

Children under observation have included five with dysarthric speech and language retardation and one with hyper-rhinophonia.

Haseley Hall

During 1969 the school was visited weekly and nine boys received therapy. These included two children with retarded speech and language, two with retarded language, three with deviant articulation and two with dysphonia and deviant articulation.

Shenstone

During the year a weekly visit has been arranged. 9 children have been seen for regular therapy. 6 of these children have a speech and language problem and 3 have deviant articulation. As there is an increasing number of children with language problems recommended for the school it is hoped that at some future date it may be possible for a greater number of visits to be made to the school.

Uffculme

In September 1969 a unit attached to Uffculme Open Air School was opened for children with severe specific language impairment. The unit opened with 6 children, aged 5—7 years, who have receptive and expressive language difficulties, but whose intelligence and hearing are assessed to be within normal limits. The children attend full-time every day, the unit having a full-time teacher and nursery assistant. Ideally, these children, who need intensive language stimulation, should have daily speech therapy. At present this is not possible. It is essential, therefore, that the teacher and therapist work in close co-operation in order that the therapist's work is consolidated and extended through the day's activities in the classroom.

Hallmoor, The Pines and St. Francis

These schools are visited for the maximum of one day a week. This is totally inadequate. St. Francis requires a full-time therapist and The Pines and Hallmoor should be visited two or three times a week. Neither children, staff nor therapist can possibly benefit from the present arrangement. It is suggested that a therapist visits one school each term as often as possible, to advise teachers and start children on a treatment programme suitable for continuation by teaching staff wherever possible.

Mayfield School

The school has been visited for one session a week since April. It is an interesting and stimulating session, but the problems to be dealt with in that short time are immense.

A large proportion of the children have a speech and language problem. 47 have been seen for assessment and of these 5 are seen weekly and 12 at less regular intervals. The help given by the staff has been invaluable. Without their co-operation progress would be impossible. The majority of children are helped by their class teacher, so reinforcing the work carried out by the therapist.

MEDICAL SUPERVISION OF DISABLED PERSONS

The scheme introduced by the Principal Medical Officer of the Department of Education and Science has continued to function and school medical officers are exercising medical supervision of students under the training scheme for disabled persons attending technical colleges.

MARTINEAU HOUSE SEASIDE SCHOOL BOGNOR REGIS

Following the retirement of Mr. & Mrs. Morris, Mr. & Mrs. M. W. Tice were appointed to the posts of Teacher-in-Charge and Matron at the Seaside School and the school continues to function satisfactorily. During the year parties of pupils from our various day Special Schools in the City have continued to visit the school for periods of up to 12 days. They are accompanied by teachers from their own day schools and the Seaside School continues to provide a valuable contribution to the physical and educational welfare of the handicapped pupils. During their stay at the seaside School, the children are taken on a number of educational visits and also visit places of interest in the locality.

HOME TEACHING SERVICE

Mrs. J. Seabrook reports:-

“Home tuition provided under Section 56 of the Education Act, 1944, was given in 1969 to the numbers of children listed below:-

Accidents, fractures, etc.	..	..	..	..	..	..	..	23
Cerebral palsy	..	..	..	..	..	..	..	1
Educationally subnormal.	..	..	..	..	..	..	..	18
Epilepsy	..	..	..	..	..	..	..	3
Dystrophy	..	..	..	..	..	..	..	3
Nervous disorders, emotional disturbance, etc.				..	..	..	..	77
Orthopaedic conditions (various)	..	..	..	..	..	..	..	33
Cystic fibrosis	..	..	..	..	..	..	..	3
Purpura	..	..	..	..	..	..	..	4
Congenital heart abnormality	..	..	..	..	..	..	..	3
Acquired heart abnormality	..	..	..	..	..	..	..	1
Rheumatism	..	..	..	..	..	..	..	3
Asthma	..	..	..	..	..	..	..	2
Kidney conditions	..	..	..	..	..	..	..	12
Tumours	..	..	..	..	..	..	..	3
Primary and surgical tuberculosis	..	..	..	..	..	..	..	5
Bronchiectasis	..	..	..	..	..	..	..	1
Rheumatoid arthritis	..	..	..	..	..	..	..	3
Skin conditions	..	..	..	..	..	..	..	1
Leukaemia	..	..	..	..	..	..	..	3
Deaf	..	..	..	..	..	..	..	1
Pregnant	..	..	..	..	..	..	..	21
Other congenital conditions	..	..	..	..	..	..	..	5
Other conditions	..	..	..	..	..	..	..	14
TOTAL								243”

CHILD GUIDANCE SERVICE

Mr. W. J. Bannon, Senior Educational Psychologist reports:-

"The 40% increase in total cases referred for clinic investigation (1,226 in 1969 against 863 in 1968) was confined to two of the four clinics. George Road and Kings Heath figures remained steady. Ward End figures are for the first full year of operation and, as expected, show a steep rise, the 1968 referrals having been for one quarter only. It is significant that 252 cases were referred there, without any decrease in other areas, supporting the contention that there is a need for the Service which can be shown factually only when the Service is made available.

The greatest increase in referrals was in the northern area of the City, where the cases in 1969 numbered 445 compared with 236 in the previous year. Changes in staff, removal to better and more accessible premises and an increase in numbers of immigrant children referred are among the possible reasons for this phenomenon which is likely to be temporary. At the end of the year 100 cases at Lozells Clinic had not been offered a first appointment. A further 114 had been seen once only and were awaiting completion of the diagnostic stage. In this situation, past experience shows that referring agencies feel the Service is inadequate and numbers referred decrease.

Failure to diagnose and deal with maladjustment in its early stages through inadequate provision of preventive services such as Child Guidance may well be a major factor contributing to current problems among adults and adolescents in the mental health and social fields.

In addition to the cases referred for Clinic investigation, 886 children with educational problems were seen in primary, secondary and special schools. The total case load for the Service thus exceeded 2,000 for the first time. Again, as with clinic cases, there is a reluctance in some quarters to refer children for educational assessment because of the waiting time for assessment, in some cases between six and nine months, followed by a much greater wait before a special school place is available. As a result a number of children reach the secondary school stage before their need for special educational treatment is diagnosed. In the majority of such cases, it is too late then to overcome their educational problems and personality development may also be adversely affected.

Demands on the Remedial Teaching Service continue to increase, and in few cases is it possible for a remedial teacher to remain at one school for the time necessary to complete the task satisfactorily. While older city centre schools continue to present great problems, the movement of population to suburban areas faces new schools with an even greater problem when pupils in these schools come from several different inner ring schools. The variety of standards, methods and media in any one class offsets, for a very considerable time, the benefits of the better housing and school environment. Previous concentration of effort in the older central areas, as a result, is gradually being spread over all quarters of the City.

The great turn-over in teaching staffs in schools is an important factor in the continuing problem of learning failure. Frequent staff changes can adversely affect the standards of any school. To meet this difficulty, the Remedial Teaching Service contributes by regular courses for teachers on the Teaching of Reading, particularly for younger inexperienced teachers. But here again demands on our staff are overwhelming. Three such courses,

each of three days duration and involving a total of 60 teachers were felt to be the maximum that could be arranged in any school year. Such was the demand that in 1969 five courses had to be organised. Even then, some thirty applicants for places could not be accommodated.

The development within the Education Department of in-service training for teachers, on established regular lines such as these could well prove an attractive feature in teacher recruitment and a valuable asset to the schools.

A lesser known activity of the Service is the compilation and distribution of booklets and pamphlets relevant to the teaching of reading. Several small working parties of the staff are engaged in various aspects of this work. Comprehensive lists of reading material classified according to levels of reading ability, original work books for different reading schemes and notes on the use of published tests of Reading are among the “publications” of the Service and available to schools. Development of this important activity is limited only by our own staffing difficulties.

1969

The year’s figures are as follow:-

On waiting list at 31.12.68	..	..	..	..	..	..	..	207
Cases referred during 1969	..	..	..	..	..	..	..	1,226
								<hr/> 1,433 <hr/>

Sources of Referral:

Parents	..	..	..	..	..	..	..	142
School Medical Officers	..	..	..	..	..	..	..	259
General Practitioners	..	..	..	..	..	..	..	41
Hospitals etc.	..	..	..	..	..	..	..	7
Head Teachers	..	..	..	..	..	..	..	564
Probation Officers	..	..	..	..	..	..	..	15
Other agencies	..	..	..	..	..	..	..	198
								<hr/> 1,226 <hr/>

Reasons for Referral:

Behaviour problems	..	..	..	..	..	..	..	622
Nervous symptoms	..	..	..	..	..	..	..	139
Habit disorders	..	..	..	..	..	..	..	50
Educational problems	..	..	..	..	..	..	..	278
Multiple problems	..	..	..	..	..	..	..	137
								<hr/> 1,226 <hr/>

<i>Seen</i>								
New cases treated	..	..	..	..	..	..	..	1,084
<i>Not seen (349)</i>								
Failed to attend	..	..	..	..	..	..	..	166
On waiting list at 31.12.69	..	..	..	..	..	..	..	183
								<hr/> 349 <hr/>
<i>Cases closed during year:</i>								
After diagnosis and advice	..	..	..	..	..	..	..	242
Improved	..	..	..	..	..	..	..	344
Placed away from home..	..	..	..	..	..	..	..	23
Did not materialise	..	..	..	..	..	..	..	166
Other reasons	..	..	..	..	..	..	..	251
								<hr/> 1,026 <hr/>

SPECIAL EDUCATIONAL TREATMENT ASSESSMENTS

Primary and Secondary Schools (545)

Partially hearing pupils	..	..	..	..	..	..	..	11
Assessed as E.S.N. (44%)	..	..	..	..	..	..	..	249
Not E.S.N. (56%)	..	..	..	..	..	..	..	285
								<hr/> 545 <hr/>

In Special Schools and at the Central School Clinic (341)

Children Unsuitable for Education at School Section 57(4) of the 1944 Education Act	..	..	..	..	..	..	..	54
Tests of Partially Hearing Children	..	..	..	..	..	..	..	4
Tests of Partially Sighted Children	..	..	..	..	..	..	..	14
Tests in Special Schools and at the Central School Clinics other than above	..	..	..	..	..	..	..	269
								<hr/> 341 <hr/>

Remedial Teaching Service

No. of Primary and Secondary Schools which have received the Service during 1969..	46"
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SECTION 6 — SCHOOL BUILDINGS AND SCHOOL MEALS

SCHOOL BUILDINGS

The construction of new schools and other educational buildings in accordance with the Education Committee's Building Programmes has continued and during the year 13 new primary and secondary schools, a new Technical College and a Hostel for E.S.N. Girls were completed.

At the 31st December, 1969 there were a further 9 new primary schools and one new comprehensive school under construction.

During the year alterations and improvements providing accommodation were completed at 31 schools and colleges. Most of these projects were at primary and secondary schools but this number also included one technical college and a residential E.S.N. school.

SCHOOL MEALS SERVICE

DINNERS SUPPLIED TO CHILDREN JANUARY-DECEMBER 1969

					<i>Free</i>	<i>Paid</i>	<i>Total</i>
Nursery	..	..	..	..	37,687	298,072	335,759
Primary	..	..	..	..	1,961,279	9,604,245	11,565,524
Secondary Modern	..	..	..	..	706,937	2,287,125	2,994,062
Comprehensive and Bi-lateral	..	..	..	..	229,310	1,256,340	1,485,650
Grammar and Technical	..	..	..	..	148,732	2,044,955	2,193,687
Special	..	..	..	..	61,857	281,138	342,995
					<u>3,145,802</u>	<u>15,771,875</u>	<u>18,917,677</u>

DAILY NUMBER OF CHILDREN HAVING DINNERS 1969

								<i>Secondary</i>	<i>Primary</i>
January	..	..	..	..	..	..	..	37,318	63,766
February	..	..	..	..	..	..	..	36,951	63,807
March	..	..	..	..	..	..	..	36,657	64,007
April	..	..	..	..	..	..	..	36,777	65,212
May	..	..	..	..	..	..	..	33,298	65,041
June	..	..	..	..	..	..	..	31,350	64,490
July	..	..	..	..	..	..	..	28,240	63,693
August	..	..	..	..	..	..	..	—	—
September	..	..	..	..	..	..	..	38,987	62,173
October	..	..	..	..	..	..	..	39,378	64,382
November	..	..	..	..	..	..	..	37,622	63,842
December	..	..	..	..	..	..	..	35,737	61,022

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

				<i>Normal Meals</i>	<i>Holidays</i>	<i>Percentage</i>
EASTER	..	..	..	103,886	526	.56
SPRING HOLIDAY	..	..		100,078	596	.59
AUGUST HOLIDAY	..	..		94,589	407	.43
CHRISTMAS	..	..	..	96,506	467	.48

NUMBER OF CHILDREN ELIGIBLE FOR FREE MEALS DECEMBER 1969

16,670

NUMBER OF CHILDREN TAKING DINNERS ON A GIVEN DAY
IN SEPTEMBER 1969

NUMBER OF MEALS

<i>Paid</i>	<i>Free</i>	<i>Total</i>	
86,271	14,294	100,565	61.3%

MILK IN SCHOOLS SCHEME

Number of children taking milk as per Department of Education and Science on a given day in September 1969—97,671—93.1%.

SECTION 7 — ADULT EXAMINATION

Examination of Teachers and Entrants to Colleges of Education

School medical officers have examined the candidates for admission to colleges of education and intending teachers, other than those who were examined on the completion of the approved course of training before entering the teaching profession.

15 medical examinations were carried out for other authorities whilst 27 intending teachers for Birmingham were examined in their own areas so that unnecessary travelling might be avoided. During the year 7 candidates were referred either for a specialist opinion and recommendation or for a report from the general practitioner. Before a candidate was referred to a specialist a discussion was held with the practitioner.

The following table shows the number of candidates examined:

	1966	1967	1968	1969
College of Education Students ..	633	838	993	1,167
Intending Teachers	622	602	328	333
College of Art Students	11	17	44	35
	<hr/> 1,266	<hr/> 1,457	<hr/> 1,365	<hr/> 1,535

Examination of Manual and Non-manual Staff

The number of Manual and Non-manual Staff (excluding Teachers) examined during the year was:- 1,900

SECTION 8 — MISCELLANEOUS

BELL HEATH, BOCKLETON AND STANSFELD COUNTRY STUDY CENTRES AND OGWEN COTTAGE OUTDOOR PURSUITS CENTRE

The following report covers a two year period from 1st April, 1968, to 31st March, 1970.

During the past two years 4,131 pupils attended the country study centres and Ogwen Cottage and have no doubt benefited from the courses provided. Each child before going on the course was medically examined by the School Health Department, whose staff have been most helpful and co-operative, particularly when examinations had to be done at short notice. The number of visits to each Centre and the pupils attending is shown in the following table.

	<i>Bell Heath</i>	<i>Bockleton</i>	<i>Stansfeld</i>	<i>Ogwen</i>
1968/69	264	609	482	411
VISITS	10	25	19	15
1969/70	563	875	471	456
VISITS	20	29	19	17

Wood End Hall was transferred from the Secondary Education Sub-Committee to the Special Services Sub-Committee on 10th June, 1968, and is now a Hostel for the education of sub-normal pupils.

Owing to the outbreak of foot and mouth disease in 1967/68 courses at all centres had to be cancelled. The closure lasted for about 12 weeks and visits were resumed in May, 1968. Bockleton was again closed later that year due to contamination of the water. At that time the water supply was taken from an artesian well and when tested in August, 1968, was found to be unsatisfactory. Recommendations were made for the mains supply to be connected to Bockleton. This work was carried out and completed in the following October when further tests were made which proved to be satisfactory. Courses recommenced at Bockleton on 5th November, 1968.

In January, 1970, the centres suffered cancellation of courses because of the teachers' strike, but these were soon resumed when the dispute was settled.

Stansfeld welcomed and entertained 15, seventeen to eighteen year old students from Germany in August 1968, and again in 1969. 15 English boys also visited Stansfeld as hosts. Various excursions to places of interest were laid on for the enjoyment of our guests from Frankfurt during their two weeks stay at the Centre. These visits have become an annual event and have proved to be very successful.

Bockleton received a party of 40, six to ten year old under-privileged boys and girls during the school summer holiday 1968 and two parties in August 1969. These visits were organized and supervised by the W.R.V.S. Food, laundry, transport and incidental expenses were paid by the W.R.V.S.

Unfortunately the centres have not been without accidents or illnesses. Each case had immediate attention and where necessary the local doctor was either called in or visited. In the event of accidents the children were taken to hospital where they received expert attention and in some cases were kept in overnight. Parents and Headteachers of the schools concerned were informed if this was thought necessary.

Ogwen Cottage Outdoor Pursuits Centre, Bethesda North Wales.

869 pupils from various schools in Birmingham were sent to Ogwen Cottage during 1968 and 1969. These courses were strenuous and each girl and boy was medically examined by the School Health Department before they were allowed to go.

In February, 1969, there was an outbreak of food poisoning at Ogwen. This was due to the breakdown of the generator plant. Also the water supply to the Cottage was found to be unsatisfactory. All courses were immediately cancelled, but were resumed later when provision had been made for the boiling of all water for drinking and teeth cleaning. Work carrying the electric mains supply to Ogwen was carried out and a filtration plant installed. The water at Ogwen is now satisfactory.

Accidents at Ogwen included one boy with a cut head. He was taken to hospital for treatment. There were two cases of pupils having appendicitis while at Ogwen. These two pupils, one boy and one girl, were taken to hospital for operations. Another girl suffered from asthma and one girl fractured her arm as a result of a fall. These and all cases of coughs, colds and blisters received attention and parents and headteachers were informed where necessary.

CHILDREN IN PART-TIME EMPLOYMENT

This year 52 children were examined in connection with theatrical licenses and all were found to be fit.

There were 3,430 children examined in connection with their part-time employment, delivering newspapers, milk, groceries, or in hairdressers; of these 4 were found unfit to be so employed.

